COMMUNITY SERVICES FOR DISABLED PEOPLE

IN

NEW BRUNSWICK

A REPORT OF THE PLANNING ADVISORY COMMITTEE
ON COMMUNITY SERVICES FOR THE DISABLED

to

THE INTERDEPARTMENTAL COMMITTEE OF DEPUTY MINISTERS
OF HEALTH, SOCIAL SERVICES & EDUCATION

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SUMMARY OF THE REPORT

AND

RECOMMENDATIONS

SUMMARY OF THE REPORT

Society has an obligation to ensure that people who are disabled/handicapped have an equal opportunity to participate in society, to share in its benefits, freedoms and resources, and to function as independently as possible.

A service system for the disabled population in New Brunswick should guarantee that a disabled person will receive the services necessary to alleviate the handicapping components of his situation that are a barrier to the full achievement of his potential as a member of society. The resources of the Province that are directed to the disabled population should be managed in a way to achieve their maximum utilization.

Based on an analysis of available information, there are approximately 142,000 people in the Province who have various disabling conditions and, of these 27,000 people (or 4% of the population of New Brunswick) require significant intervention and support initially, or on an on-going basis, in order to develop their potential and help them toward an independent living style.

The system which delivers services to the disabled people of New Brunswick is manned by many interested and concerned people from both the private and the public sectors. The observation can be made, as a result of this study, that most of these people do not consider themselves as belonging to a system because they do not see the commonality of their enterprise.

An overview of existing community services for disabled people in the Province as appears in Appendix XII deals with problems concerning actual services. Several issues have been identified which affect the delivery of these services.

The rights of disabled people in the Province are not fully protected and services for disabled people are frequently offered as a privilege rather than a right. Services are generally viewed as being inadequate, manpower is limited both in numbers and appropriate training and few services are adequately monitored or evaluated.

Proportionately fewer services are available in the northern parts of the Province with only limited services in many rural areas. There are insufficient numbers of bilingual services in the north and, in addition, physical and attitudinal barriers prevent disabled people from utilizing many existing services throughout the Province.

There is presently no means of ensuring that necessary services are available to meet the needs of disabled people or that there is adequate co-ordination and awareness of these services. A service delivery system appropriate for New Brunswick should:

-- provide a fixed point of responsibility for services for disabled people;

-- provide for a co-ordinated range of services;

-- ensure service development leading to a comprehensive range of services;

-- respect the present service structure;

-- be a joint venture between government and the private/voluntary sector; and

-- provide a simple service structure with an easily identified point of access to the service system for the disabled person.

Good services are not necessarily more costly. The emphasis must be on the optimum utilization of resources, with services properly developed or adapted according to needs.

To implement a comprehensive community service system for disabled people, input from relevant groups should be ensured through clearly established responsibilities and lines of communication with all service providers; quality of service should be promoted through better case co-ordination, appropriate staff training and the development of an adequate information system; the system may be tested in pilot projects; special emphasis should be placed on alternatives to institutional living; and a legislative mandate should be authorized to ensure formal status and continuity for the system.

Priorities must aim: first at establishing a fixed point of responsibility and the development of a responsibility matrix in which roles are clearly defined and where individual needs can be properly channeled; secondly, at co-ordinating services to assure optimum use of available resources and enough flexibility to meet the needs of an individual; and thirdly, at developing services appropriate to identified needs.

RECOMMENDATIONS

The following are the recommendations contained in the body of the Report. They have been priorized and organized by subject matter and the number that follows each one refers to the section and sequence in which they can be found. Additional recommendations that refer to services are contained in Appendix XII.

IT IS RECOMMENDED THAT:

1. One body be designated as the responsible authority for ensuring that adequate services are available to meet the service needs of disabled people in the Province and that these services be co-ordinated into an efficient and effective delivery system. (Part III, Page 22)

2. The following necessary steps be taken to implement the proposed service system:

   a. establish the Premier's Forum;

   b. assign co-ordinating responsibilities for services for the disabled to the Department of Social Services;

   c. designate a responsible person who would report at the Director level or higher for services to the disabled in each of the Social Development Ministries;

   d. establish a Professional Advisory Committee;

   e. establish Regional Advisory Groups in each of the Social Services areas of the Province; and

   f. appoint a supervisor of services for the disabled in each Social Services area office and identify the required number of case managers and assign them to the provision of direct services to the disabled.

   (Part IV, page 28)

3. The body responsible for ensuring the co-ordination of community services for disabled people act as the information center for disabling conditions. (Part III, page 22)

4. To ensure service quality:

   a. Recruitment and training be carried out to increase the number of qualified service providers in the public and private sectors. (Part III, page 21)

   b. Seminars, workshops and courses be made more available to assist service providers in maintaining a high level of knowledge and skills. (Part III, page 21)

   c. The service providers, as well as those who use the service, make certain that regular reviews and evaluations of existing services are undertaken to ensure the effective and efficient use of resources. (Part III, page 21)

5. In New Brunswick, a comprehensive system of collecting information be established that will be complementary to other information systems in Canada; this system would provide the necessary data to accurately identify the characteristics of the disabled population and to monitor changes in that population which could effect service needs. (Part II, page 16)

6. All those concerned with disabled people in this Province:

   a) Work towards ensuring that the services and facilities necessary for disabled people to function as independently as possible, are available. (Part III, page 18)

   b) Increase the availability of services to the northern and rural parts of the Province in the language of the service consumer. (Part III, page 19)

   c) Map out a strategy for the most effective method of informing and educating the public, service providers, employees and the disabled themselves, about the potential and capabilities of people with disabilities. (Part III, page 20)

d. Urge those governing bodies which are responsible for standards and codes applying to public buildings and facilities to ensure that such buildings and facilities be physically accessible to the disabled citizens of the Province.
(Part III, page 20)

e. Support the inclusion of the mentally retarded and mentally ill in the Province's existing Human Rights Legislation.
(Part III, page 20)

7. The proposals set forth in this Report be accepted and carried out in order to implement a comprehensive service system for the disabled people in New Brunswick.
(Part VI, page 36)

INTRODUCTION

The motivation for this planning process is that society has an obligation to ensure that people who are disabled/handicapped* have an equal opportunity to participate in society, to share in its benefits, freedoms and resources, and to function as independently as possible. This special help should be provided in an environment of dignity and respect for the rights of the disabled population.

The Planning Advisory Committee on Community Services for the Disabled (PAC) grew out of a recognition of the need for improved services for disabled people in New Brunswick and better methods for deliverying these services.

In the past few years, a number of voluntary service agencies have made presentations to government in support of services for disabled people. The Planning Advisory Committee was the result of the initiative of these groups, particularly the efforts of the New Brunswick Division of the Canadian Association for the Mentally Retarded (CAMR-N.B.). In June, 1977, they approached the Government of New Brunswick for assistance in planning a workshop on comprehensive community based services.

In response to the proposal, drafted by representatives of CAMR-N.B. and the provincial government departments of Health, Social Services and Education, it was suggested that the plan be broadened to include services for all disabled people in the Province and that membership be extended to include representatives from other voluntary agencies interested in services for the disabled population. A workshop was held and several subsequent meetings, out of which a proposal emerged for a plan of action for improving services for disabled people in New Brunswick.

The committee that evolved was the Planning Advisory Committee on Community Services for the Disabled. Representatives from seven voluntary agencies joined the original members in preparing a report that was presented to the Cabinet Committee on Social Development. In June, 1978, Cabinet Committee accepted in principle A Proposal for Preliminary Study on Community Based Services for the Disabled in New Brunswick, April 1978, and approved a budget of $63,000 to prepare a blueprint for the development and implementation of a comprehensive community service system for the disabled.

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* disabled/handicapped -- these terms are used interchangeably. See Appendix I.

PAC had been given a challenging task, especially in view of unexpected constraints which limited manpower resources, funding, and the time period over which the project was to be completed.

The committee members began by identifying a number of objectives which they would need to achieve in order to accomplish their goal of developing and implementing a community service system. Of primary importance to the committee was the identification of those services that society must provide in order for the disabled person to live, work, and enjoy recreation in his own community. Other objectives were:

-- To develop and describe a method of providing services that would make these services more readily accessible to the disabled population.

-- To identify the various areas of responsibility for the development, funding, administration, and operation of a community service system.

-- To develop an implementation strategy for incorporating into the community service system the recommendations made in the committee's final report.

-- To develop a strategy to relocate those disabled people in institutions and nursing homes who could live within their own communities if appropriate community services were available; this objective was contingent upon the identification and development of community services as alternatives to institutional care.

To help them reach these objectives and achieve their main goal, PAC, now with a membership of 13 agencies and 3 government departments (see Appendix XVII), appointed a Core Group to co-ordinate the activities of the committee and to report on the progress of the project to both the members of PAC and an Interdepartmental Committee of Deputy Ministers responsible to Cabinet Committee.

Leonard Delaney from the Department of Health was named Project Co-ordinator and Lorraine Silliphant was named Chairman of the Core Group. The remaining members of the Core Group were as follows:

Flora Jeane Kennedy	-	Department of Social Services
Donald Buck	-	Department of Health
Elizabeth Owens	-	Department of Education
Louis Malenfant	-	Department of Education
Beverley Hallam	-	Canadian Paraplegic Association
Elizabeth Robichaud	-	Canadian Assn. for the Mentally Retarded
Donald Shea	-	Saint John Cerebral Palsy Foundation
Guy Woodland	-	Canadian National Institute for the Blind

The Planning process began with the accumulation and analysis of reports, studies and other documents related to services for disabled people.

At the bi-weekly meetings of the Core Group, information sessions were held to orient and educate the members to the task before them. The Core members, along with invited representatives of other organizations associated with services for disabled people made presentations and held discussions on services available from agencies, organizations and government departments in the Province. The Core Group shared the information arising from these sessions with the larger Planning Advisory Committee.

Group members participated in further information gathering activities by attending workshops and conferences which were held to explore community planning for disabled people. At sessions such as these, Core Group members were able to consult with several experts on comprehensive community based services from across Canada. The project co-ordinator and the chairman of the Core Group also had an opportunity to examine first-hand a service system for handicapped people which has been developed in Alberta.

The Core Group also carried out an information-gathering survey, circulating questionnaires among 36 government and private agencies in the Province which provide services for disabled people. The returned questionnaires provided an overview of the availability and quality of services for mentally retarded, mentally ill, physically disabled and sensory handicapped people in the Province. From the data received, the Core Group was able to review existing programs and services for disabled people in view of their identified needs.

In December, 1978, the Core Group prepared an interim report on the progress of the project which was approved by the full committee (PAC) and forwarded to the Interdepartmental Committee of Deputy Ministers.

To inform the people of the Province about the planning project, public education workshops were held in seven major centers in the Province in March 1979. The workshops were a successful forum for discussing the direction in which planning for the disabled population was going, as well as for learning from the people who attended what their perceptions were concerning the service needs of those with disabilities.

Public comments made in the workshops reinforced the approach taken by PAC and were supportive of the objectives and the main goal of developing and implementing a community service system for the disabled people of New Brunswick.

PART I

OBSERVATIONS ON A SERVICE DELIVERY SYSTEM

PART I

OBSERVATIONS ON A SERVICE DELIVERY SYSTEM

Service systems come into being as a result of a need for a structured method to bring together the many and varied special interests that exist. They evolve, growing and changing as a result of the pressures they are subjected to over the course of time. In periods of sensitivity to human need, there is a mushrooming of these systems to incorporate the many and varied service programs that are created. Such was the experience during World War II when the organizations concerned with the transportation and care of displaced persons were multiplied many times.

Whether or not there are resources to finance such operations is not usually a question that is considered when human compassion is moved to respond to human needs. Where there is a need, resources will be found to meet it.

However, when there is no excessive stress caused by wars, weather, disease or disruption, then the question of financing is raised and in times of economic restraint, this concern can become a primary consideration. Under these conditions, components of a service system such as effectiveness and efficiency are generally given highest priority.

During the past ten years, New Brunswick has witnessed an unprecedented growth in its social service sector. This was encouraged by the availability of resources -- both human and monetary -- to those who were committed to the implementation of programs in New Brunswick that were intended to address the needs of the various disabled groups and others with service requirements. The fact that this growth was not well planned or co-ordinated, is evidenced by the inconsistencies in the availability of certain social programs in the various parts of the Province. The conclusion that this growth was insufficient is evidenced by the number of individuals and groups who maintain that we have yet to achieve a level of service that is acceptable. (See Appendix VIII 'B' and 'C'.)

The present economic situation has placed considerable pressure on the existing service systems, raising questions about the size of the provincial investment in services for the disabled, as well as the efficiency and effectiveness of such services. It is time to take stock both of what we have and what we need.

There are conflicting motivations among the various proponents for services for the disabled. Some believe that because a disabled person is first of all a human being, he should have entitlement to full participation in society and all that makes this possible. Others argue that a disabled person is an economic

unit and to the degree that he can become self-sufficient, he should be supported so that he can become a contributor and not dependent on society. There are also those who argue that a society's level of maturity is judged by how well it cares for its dependent members. Then there are those who have believed and actively carried out the belief, that the disabled are an affront to society and should be isolated from society and treated as abnormal.

The number of institutions in the Province to house disabled persons reflected a ghetto attitude of the past towards grouping of this population, and removing them from the social environment enjoyed by those in the population not so stigmatized with a disabled brand. Many of these disabled persons in the Province are presently housed in such institutions. And though the present attitude of the public might be that most of this population would benefit from small specialized facilities and community services, such alternatives to institutional placements are not available.

To some extent, the Departments of Health and Social Services are attempting to reverse this situation by developing a system of community support services for senior citizens as an alternative to placement in nursing homes. And similarly, the Department of Health, through its Mental Health Services, has launched a long range plan to develop for the geriatric and mentally retarded population of Centracare (formerly known as the Saint John Provincial Hospital), appropriate alternatives in the community for service and care.

To phase-down or re-focus an institutional system is a slow process, and the present thrust of re-orienting services to a community level may undergo additional changes in focus before the present goals are achieved.

The philosophy which will guide New Brunswick's decision-makers, in both private and public sectors, when considering service programs for the disabled and methods of delivering these service programs will be determined by their individual and collective motivations.

For the consideration of those responsible for determining the direction in which New Brunswick will move, we submit that a service system for the disabled population in New Brunswick should guarantee that a disabled person will receive the services necessary to alleviate the handicapping components of his situation that are a barrier to full achievement of his potential

as a member of society. And further, that the resources of the Province that are directed to the disabled population should be managed in a way to achieve their maximum utilization.

The following are the characteristics of a service system that would achieve this goal.

1) *All components of the system would be focused on the uniqueness of the individual client and be based on the philosophy of normalization. (See Appendix II)*

2) *The service system would be universally accessible to all disabled people in the Province.*

3) *A complete range of programs required to meet the many and varied needs of the disabled population would eventually be brought into place.*

4) *The system would achieve effectiveness through a co-ordinated and synchronized approach to service delivery.*

5) *It should reflect the co-operative thrust of the public and voluntary sectors in a joint endeavour.*

6) *There should be established areas of authority and responsibility that not only support but clearly indicate accountability for its operation.*

In the following pages, the disabled population of New Brunswick and their needs will be described. Then the problem will be addressed of bringing the various components of our present service system into a rational form to achieve the objectives elaborated above. The conclusions reached are based on the examination during the planning process of the factual data as well as the expression of concerns voiced by service providers and service receivers from all parts of the Province. Others may have reached different conclusions, but there is a consensus within the Planning Advisory Committee that for the development of a comprehensive service system in the Province that will effectively meet the needs of the disabled population, this is the way to begin. The responsibility to see that this is done is shared by both voluntary organizations and government.

PART II

DISABLED PEOPLE IN NEW BRUNSWICK

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DISABLED PEOPLE IN NEW BRUNSWICK

Developing a community based service system for disabled people requires a clear understanding of the frequency with which disability occurs in the population. In New Brunswick, this kind of information has not been collected or compiled systematically. On the basis of general statistical theories and available information, however, certain conclusions can be drawn about the characteristics of the disabled population of New Brunswick and the frequency with which these characteristics occur.

The range of disabilities that are dealt with in this Report are identified generally as: mental retardation, physical handicap, visual handicap, hearing handicap, and mental illness. (Each of these disabilities is defined in Appendix III.)

The frequency with which these conditions occur in a given population at a particular time is referred to as 'prevalence'. In order to accurately ascertain the service needs of the disabled people in New Brunswick, the prevalence rate of the above conditions must be determined. In addition, it is important to know the degree of severity with which these conditions affect the disabled people of the Province since it is assumed that the service needs of a person affected severely by one of the above conditions will differ from those of a person who has been mildly affected by a handicap or disability.

The following prevalence rates have been accepted both in Canada and internationally and are being used within the Province as reliable rates for indicating the percentage of people within a given population who are disabled:

Mental Retardation	3.0 %
Physical Handicap	7.1 %
Visual Handicap	2.08 %
Hearing Handicap	6.2 %
Mental Illness	2.73 %

These prevalence rates, when applied to the 1976 census of Statistics Canada for the Province of New Brunswick, indicate that an estimated 142,222 people in the Province are disabled. The following two tables show what percentage of the New Brunswick population is affected by each of the handicapping conditions identified earlier and the degree of severity.

ESTIMATED PREVALENCE OF DISABILITIES IN NEW BRUNSWICK BY TYPE AND DEGREE

Type of Disability	Mild		Severe		Total	
	%	No.	%	No.	%	No.
Mental Retardation	2.6%	17608	0.4%	2709	3.0%	20317
Physical Disability	4.0%	27090	3.1%	20995	7.1%	48085
Visual Handicap	1.9%	12867	.18%	1219	2.08%	14086
Hearing Handicap	6.0%	40635	.20%	1354	6.2%	41989
Mental Illness	2.5%	16931	.23%	1558	2.73%	18489
Total Disabilities within New Brunswick	17.0%	115,132	4.0%	27090	21.0%	142,222

% - percentage of the total population

No. - estimated numbers

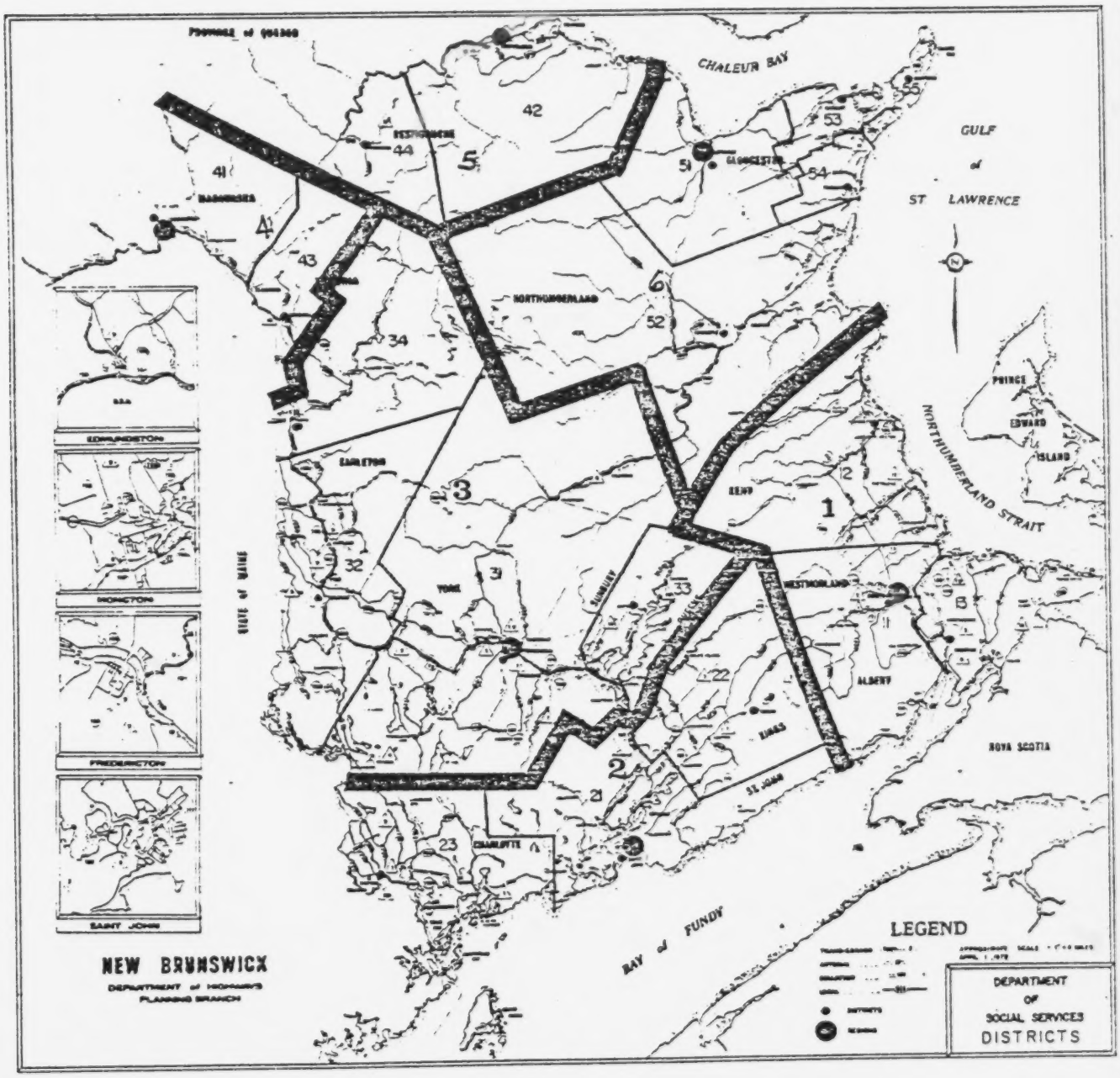
ESTIMATED PREVALENCE OF DISABILITIES BY SOCIAL SERVICES REGIONS

BY TYPE AND DEGREE ACCORDING TO

1976 CENSUS OF STATISTICS CANADA

	Region	Population	Mental Retardation			Physically Disabled			Visual			Hearing Handicap			Mental Illness			Total		
			Mild	Severe	Total	Mild	Severe	Total	Mild	Severe	Total	Mild	Severe	Total	Mild	Severe	Total	Mild	Severe	Total
			2.6%	.4%	3%	4%	3.1%	7.1%	1.9%	.18%	2.08%	6%	.2%	6.2%	2.5%	.23%	2.73%	17%	4%	21%
1	Moncton	156,871	4094	611	4705	6274	4863	11137	2980	282	3262	9412	314	9726	3921	360	4281	26776	6274	32942
2	Saint John	161,583	4217	630	4847	6463	5009	11472	3070	291	3361	9695	323	10018	4039	372	4411	27469	6463	33932
3	Fredericton	141,921	3704	553	4257	5076	4400	9476	2696	255	2951	8515	284	8799	3548	326	3874	24126	5676	29803
4	Edmundston	44,930	1173	175	1348	1797	1392	3189	853	81	934	2696	90	2786	1123	103	1226	7638	1797	9435
5	Campbellton	40,620	1060	158	1218	1625	1259	2884	771	73	844	2437	81	2518	1015	93	1108	6905	1624	8530
6	Bathurst	131,325	3506	512	4018	5253	4071	9324	2495	236	2731	7880	263	8143	3283	302	3585	22325	5253	25478
	TOTALS	677,250	17676	2641	20317	27090	20995	48085	12867	1219	14086	40635	1335	41970	16931	1558	18489	115132	27090	142222

N. B. See following map for description of regions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PRINCE
EDWARD
ISLAND
NOVA SCOTIA
BAY of FUNDY
NORTHUMBERLAND
EDMUNDSTON
MONCTON
FREDERICTON
SAINT JOHN
LEGEND
DEPARTMENT
OF
SOCIAL SERVICES
DISTRICTS
NEW BRUNSWICK

Summary:

Based on an analysis of available information, there are approximately 27,000 people or 4% of the population of New Brunswick who require significant intervention and support initially or on an on-going basis, in order to develop their potential and help them toward an independent living style. In addition, approximately 17% of the population (115,000) may require certain specialized services at various times in their lives, in order to participate fully in the life of their community.

RECOMMENDATION

That in New Brunswick a comprehensive system of collecting information be established that will be complementary to other information systems in Canada; this system would provide the necessary data to accurately identify the characteristics of the disabled population and to monitor changes in that population which could affect service needs.

PART III

ISSUES IN SERVICE DELIVERY

PART III

ISSUES IN SERVICE DELIVERY

The components of a community service delivery system for disabled people can be categorized as follows:

Prevention
Identification and Assessment
Treatment and Medical Rehabilitation
Family Support Services
Assistive Devices
Residential Services
Education
Vocational-Employment
Transportation
Income Security
Protective-Legal Services
Leisure and Recreational

Each of the service components listed above is described in Appendix XII, together with an overview of services presently available in the Province. This overview includes an examination of existing services for disabled people, an identification of problems in the provision of these services and recommendations to overcome the problems identified.

In examining service needs of disabled people and the current state of the delivery of community services available to meet these needs, certain over-riding issues continually surface which significantly affect the provision of actual services. This part will examine these issues and make recommendations to overcome problems associated with them.

The Rights of Disabled People

The United Nations Declaration on the Rights of Disabled Persons states that disabled people should be able to enjoy the following rights:

1) The inherent right to human dignity.

2) The same civil and political rights as other human beings.

3) The entitlement to measures enabling self-reliance.

4) The right to all services (medical, psychological, educational, vocational, social, etc.) enabling development of skills and capabilities to the maximum.

5) The right to economic and social security.

6) The right to have special needs considered at all stages of economic and social planning.

7) The right to a "normal" home, homelife and social activities - a specialized establishment should be a last resort.

8) Disabled persons shall be protected against all exploitation, regulations and treatment of a discriminatory, abusive or degrading nature.

9) The right to legal aid for protection of their person and property and the right to have special needs taken into account in all legal proceedings.

10) Organizations of disabled people have the right to be consulted in all matters regarding their rights.

An analysis of the present situation in New Brunswick reveals that disabled people in the Province do not have all their rights fully protected.

The Province's Human Rights Legislation protects physically disabled people from discrimination but not those who are mentally retarded or mentally ill. Even with such protection the physically disabled, as well as those with other disabilities, still encounter discrimination in a number of areas which will be discussed in Appendix XII, including accessibility to services and employment opportunities.

The United Nations Declaration maintains that society has a responsibility to provide the services and facilities necessary for disabled people to function as independently as is possible. It is only when this becomes a right and not a privilege that disabled people will become "equal" members of our society.

RECOMMENDATION

The mentally retarded and mentally ill should be included in the Province's existing Human Rights Legislation.

All of those concerned with disabled people in this Province should work toward ensuring that the services and facilities necessary for disabled people to function as independently as possible are available.

Regional & Rural Disparities

Studies on the distribution of services and the availability of staff to provide services for New Brunswick's disabled population indicate the relative inequities that exist across the Province (see Appendices IV & VI). The general trend is that the northern parts of the Province have inadequate numbers of professionals, staffed service organizations, and a particular lack of qualified bilingual service providers.

As in any other Province, service organizations and professionals tend to be concentrated in the more populated centers of the Province, with services in rural areas either non-existent, limited or inconsistent at best. A comparison of perceived needs in the populated Fredericton area and the largely rural area of Neguac, as voiced in the public meetings in these two parts of the Province, illustrates the disparity between populated and rural areas of the Province. In Fredericton one of the major needs cited was for a specialized childrens' diagnostic and treatment center, while in Neguac people were asking that the basic services of a general practitioner be made available.

RECOMMENDATION

Efforts should be made to increase the availability of services to the northern and rural parts of the Province in the language of the service consumer.

Accessibility

Many services and facilities in the Province are physically inaccessible to people in wheelchairs, and to those with other severe mobility problems. Even such essential services as physicians' and dentists' offices, places of employment and educational facilities are often inaccessible to people with physical handicaps. Only one municipality in the Province has adopted a by-law requiring that any new facility offering services to the general public must be physically accessible to disabled people.

Another major problem affecting access to services is attitudinal. Lack of knowledge and understanding of the potential and abilities of disabled people by the general public, service providers, potential employers and even the disabled themselves, affects the development and provision of basic services for disabled people and inhibits utilization of available services. Attitudes, then, create accessibility problems for disabled people just as surely as do physical barriers.

RECOMMENDATION

Governing bodies which are responsible for the standards and codes applying to public buildings and facilities should ensure that such buildings and facilities are physically accessible to the disabled citizens of the Province.

Those concerned with disabled people should map out a strategy for the most effective methods of informing and educating the public, service providers, employers and the disabled themselves about the potential and abilities of people with disabilities.

Service Quality

Quality of service can be dealt with in numerous ways but the factors relating to service quality which will be dealt with here relate to those factors which were most prominent during our investigation. These factors are service adequacy, manpower considerations and general monitoring and evaluation procedures.

The organizations concerned with disabled people in New Brunswick rate the overall adequacy of services to disabled people to be 1.8 on a scale of 0 - 5 (see Appendix VIII). That is, in a range including non-existent, minimal, fair, adequate, good and excellent, overall services for disabled people were rated as being slightly less than fair.

"Acute shortages of manpower in the rehabilitation profession has placed severe restrictions on the extent to which the rehabilitation programs recommended can be developed." This statement from the Health Services Advisory Council Report on Rehabilitation Services for the Physically Disabled, and findings in the present study, reveal that there are serious shortages of qualified service providers to work with disabled people. (See Appendix VI.)

An analysis of present services related to Identification and Assessment, Treatment and Medical Rehabilitation (see Appendix XII) indicates the general inadequate levels of knowledge and understanding of disabling conditions on the part of many service providers. Several recent advances in services for disabled people combined with the busy work schedules of the general service providers have made it difficult for them to keep their knowledge and expertise about disabled people and disabling conditions up-to-date.

It was also found during this study that many programs in the Province operate with little long-range planning or evalu-

ations to ensure service quality, staff suitability, appropriateness of methods and techniques being used, and generally to determine that services are efficiently and effectively operated.

RECOMMENDATION

Recruitment and Training should be carried out to increase the number of qualified service providers in public and private sectors.

Seminars, workshops and courses should be made more available to assist service providers in maintaining a high level of knowledge about current developments relating to disabling conditions.

Regular reviews and evaluations of existing services should be conducted to ensure the effective and efficient use of resources.

Co-ordination

The investigations carried out for this study have revealed that, although there are numerous services available in the Province for disabled people (see Appendix IV for a listing of available services), most of them have developed and are presently operating in relative isolation from each other. Each service has its own mandate or responsibility for service and each is providing services generally in accordance with that mandate.

However, the various service providers frequently are not aware of each others' areas of responsibility or what specific services are provided by others. The isolated development of individual services has not provided the range of services required by disabled people as is evidenced in the Overview of Existing Services in Appendix XII. Therefore, gaps have occurred even with many voluntary associations extending beyond their official mandate to provide services to disabled people and their families which would otherwise not be available.

The general lack of co-ordination in the development and operation of services has meant that the disabled individual and his family, as well as many service providers, have difficulty identifying what services are available, where to go for help in assessing needs, and how to take advantage of services that are available. Too often, the disabled person in need of service is passed on from one service to another with no link provided to ensure that they do not get lost between the many isolated services.

Presently there is no means for ensuring that adequate services are available to meet the service needs of disabled people in the Province, for ensuring that there is adequate co-ordination of these services either on a systems or an individual level, nor for ensuring that the existence of available services is made known to those who need to be aware of them.

RECOMMENDATION

One body should be designated as being responsible for ensuring, in co-operation with other service providers, that these services are co-ordinated into a smooth service delivery system.

The body responsible for ensuring the co-ordination of community services for disabled people should act as the information centre for disabling conditions. In addition, an active public information and education campaign should be instituted by the various service providers to inform the necessary people of the services available and how to use them.

Summary

An overview of existing community services for disabled people in the Province as appears in Appendix XII deals with problems concerning actual services. Several issues have been identified which affect the delivery of these services.

The rights of disabled people in the Province are not fully protected and services for disabled people are frequently offered as a privilege rather than a right. Services are generally viewed as being inadequate, manpower is limited both in numbers and appropriate training and few services are adequately monitored or evaluated.

Proportionately fewer services are available in the northern and rural parts of the Province with insufficient numbers of bilingual services in the north. At the same time, physical and attitudinal barriers prevent disabled people from utilizing many existing services throughout the Province.

There is presently no means of ensuring that necessary services are available to meet the needs of disabled people or that there is adequate co-ordination and awareness of these services.

PART IV

PROPOSED SERVICE DELIVERY SYSTEM FOR NEW BRUNSWICK

PART IV

PROPOSED SERVICE DELIVERY SYSTEM FOR NEW BRUNSWICK

The purpose of this part is to describe a model for the delivery of services for the disabled people of New Brunswick that will embody the goals, principles and objectives of a system which is appropriate for New Brunswick and which will provide an alternative to the present system.

Present System

Many interested and concerned people from both the private and the public sectors are involved in the delivery of services for the disabled people of the Province. However, our study has revealed that most of these people do not consider themselves as belonging to a system because they do not see the commonality of their enterprise.

A less complicated society of a few years ago allowed for a more personal relationship between the policy makers, the service provider and others who work on behalf of specialized disabilities. As our knowledge about people grows, and as more service providers come into being, an informal delivery system can no longer meet the demand for close communication between the many and varied components of the service system. In addition, the present service system with its traditional providers of services for the disabled (i.e., private and voluntary agencies and the government services of Health, Education and Social Services), faces new complexities in relation to labour, housing, human rights and all those specialties that are now part of our social system.

Our disjointed approach to service delivery has been a hardship to the disabled person seeking services, as well as to the service providers. It became obvious from our discussions that to achieve the primary goal of a service system, which is to meet the needs of each person served, we had to address not only the direct provision of services, but also the determination of priorities, as well as the inter-relationship between programs.

Several alternatives for the structuring of a service system were assessed in terms of their appropriateness for New Brunswick and, more particularly, their ability to make the best use of our resources. A traditional system of having all services for the disabled under one umbrella was not considered acceptable; there are too many varied interests (i.e., transportation, housing, financial support, health) to put under one auspice. It is questionable that the replacement system would be able to give full consideration to the investment of those now responsible for

ensuring that these services are available to the disabled. Moreover, an amalgamation of the service delivery system under one auspice would require phasing-out the present means of delivering a variety of specialty services.

Various systems are being tested in other Provinces, all with characteristics reflective of the particular Province and not fully transferable to New Brunswick. Most Provinces are attempting to co-ordinate their efforts without bringing the voluntary sector into the effort. In addition, operational structures tend to be organized from the top down, and again exclude the voluntary sector.

Primary Requirements

A service delivery system appropriate for New Brunswick should:

-- provide a fixed point of responsibility for services for disabled people;

-- provide for a co-ordinated range of services;

-- ensure service development leading to a comprehensive range of services;

-- respect the present service structure;

-- be a joint venture between government and the private/voluntary sector which would welcome the participation of the constituency; and

-- provide a simple service structure with an easily identified point of access to the service system for the disabled person.

Proposal

Any service system has three distinct components which must be complementary to each other and have formally established communication linkages between one another. Those three components are:

1) policy determination,
2) programming, and
3) service delivery.

We propose that a contract be made with respect to each of the three components between the voluntary and government sectors to enhance the capability of the service system to provide services for the disabled people of the Province through a partnership agreement. Within such a partnership, agreements reached must be the result of mutual acceptance as neither partner has the

authority to control the other partner. Unilateral decisions are possible; however, each party to the contract shares the responsibility for sustaining an effective service system.

Policy Determination

It is at the most senior levels of an organization that policy development is lodged, and it is proposed that a Premier's Forum be established which would link the private sector, government and the consumer in deciding policy for New Brunswick in the area of services for the disabled. One of the most noticeable omissions in the present system is a method for the determination of clear priorities for programs, which would be the major task of the Forum.

There should be an annual gathering of appropriate representatives for the purpose of determining the thrust of the service system for future years, of identifying areas of special concern that should be addressed and of sharing information between all those responsible for services for the handicapped.

It is suggested that the Forum be chaired by the Premier with the assistance of two deputy chairmen, one from the private sector and one from government services. These should be nominated by their respective groups, but appointed by the Premier.

The composition of the group should be made up of government and private service providers, as well as consumers. The government representatives should be Ministers on the Social Development Committee of Cabinet, as well as those that represent the economic development and resource allocation sectors of government. The private sector should be represented by the Directors of the Boards of PAC member agencies.

Continuity between meetings would be provided by task groups set up to carry out activities throughout the year in identified areas of special concern. These task groups could be headed by either a government or a private representative, but care should be taken so that the membership of each task group contains a representative balance of individuals from all sectors, including the consumer.

Some of the special tasks which could be addressed by these task groups include:

-- legislation for disabled people;

-- present and proposed transportation system for the disabled and methods and costs of implementation;

-- residential requirements for special groups;

-- gaps in services in prevention, treatment or rehabilitation and proposed ways to meet these gaps; and

-- public education.

It should be noted that although the Forum would have a considerable impact on the service system as a result of the pooling of both government and private concerns, it would not be a decision-making body. The autonomy of the private sector and government would not be eroded, but the Forum would provide a leadership role in the development and provision of services in the Province.

Programming

Each of the private agencies and Ministries has the authority to develop its program policies to control resources and to initiate and deliver services within its own area of special concern.

Each of the Social Development Ministries has a responsibility to provide services to the disabled population. But within the Ministries there has been a lack of consistency in the assignment of the responsibility. In fact, present departmental program structures make it extremely difficult to determine who is responsible. Further to this, no Ministry has been given responsibility for the co-ordination of service delivery, relying on personalties within the service system to chart their own path -- some with success, others with disorder -- and none with consistency. Assignment of responsibility for services to the disabled within each Social Development Ministry and the designation of a co-ordinating body would end the confusion.

Assigning a co-ordinating role in the service system to one Ministry involves both officially delegating the responsibility to that Ministry and describing the linkages that should exist among the different sectors that make up the service system. Within the designated Ministry it is necessary that the co-ordinating responsibility be clearly assigned at each level of the service structure, including the direct service delivery level where individual case managers should be designated within each area.

After considering several options, it was concluded that the co-ordinating responsibility in the service system should be assigned to the Department of Social Services. It was considered the most logical choice because it is highly visible in the Province, operates in both official languages, and has decentralized access points. Moreover, in the operation of its

present programs, it adheres to a holistic philosophy that recognizes the importance of all parts to the whole, a concept that must be embraced in order to successfully co-ordinate a diverse service system.

Within each of the Social Development Ministries, responsibility for services to the disabled should be lodged with a person at the Director level.

To assure co-ordination in programming between government and private services, it is recommended that a Professional Advisory Committee be established with a membership composed of the various Directors within the Social Development Ministries responsible for service co-ordination for the disabled and the Executive Directors or other senior representatives of the voluntary agencies. Members of this committee should have not only a sound knowledge of the needs of the disabled, but also the authority to apply to their segments of the service delivery system the recommendations of the Professional Advisory Committee.

Service Delivery

Those who form the vast network of service providers within the Province should be made aware of their responsibilities to one another, that operating in isolation or at the expense of another service provider is detrimental and a denial of their prime responsibility to the client.

Although all service providers do express an interest in planning and policy development, their greatest effectiveness is at the point of service provision. It is their responsibility to humanize the system, making it responsive to the needs of the individual and helping it function as an advocate on behalf of the person who needs encouragement and support.

In order to augment the present co-operative relationship between service providers and to give formal recognition to their complementary roles within the service system, it is recommended that a co-ordinating body be established at the regional level. This Regional Advisory Group would be composed of local agency representatives, local consumers and the Area Administrator for Personal Social Services in each of the six Social Services areas of the Province. These committees would be responsible for ensuring that the efforts of local service delivery to meet the consumer's needs are co-ordinated. The P.S.S. Administrator in each area would be responsible for establishing these local committees and for co-ordinating the efforts of the committee members.

Further to this, the service system must offer to the consumer a clearly designated entry point, regardless of degree

or type of disability. The structure of the Social Services delivery system, in which area and branch offices are located in nineteen areas of the Province, provides an easily identifiable access point for the consumer to request a service. In addition, all service providers should be responsible for assisting a disabled person to take advantage of the co-ordinated service delivery system.

The onus would be on Social Services case managers to ensure that individuals are linked with required services, whether provided in the private, public or voluntary sectors. Professional consultation should be available to the case managers as well as assistance from appropriate government services and voluntary agencies to enable them to carry out their responsibilities in relation to case planning and management, direct service and monitoring of the services.

For ongoing services and continuity of the case management responsibilities, each local office should assign a supervisor of a service unit for ongoing case planning, with adequate staff assigned for implementation of the plans for each individual.

The client will view the direct service provider as representative of the system; thus the case manager is the vital link between services and the consumer. The measure of the system will be in the effectiveness of the case manager and the ability of the system to provide a sufficient number of direct service staff for adequate coverage.

RECOMMENDATION

It is recommended that the following necessary steps be taken to implement the proposed service system:

1) *establish the Premier's Forum;*

2) *assign co-ordinating responsibility for services for the disabled to the Department of Social Services;*

3) *designate a responsible person who would report to the Director level or higher for services for the disabled in each of the Social Development Ministries;*

4) *establish a Professional Advisory Committee;*

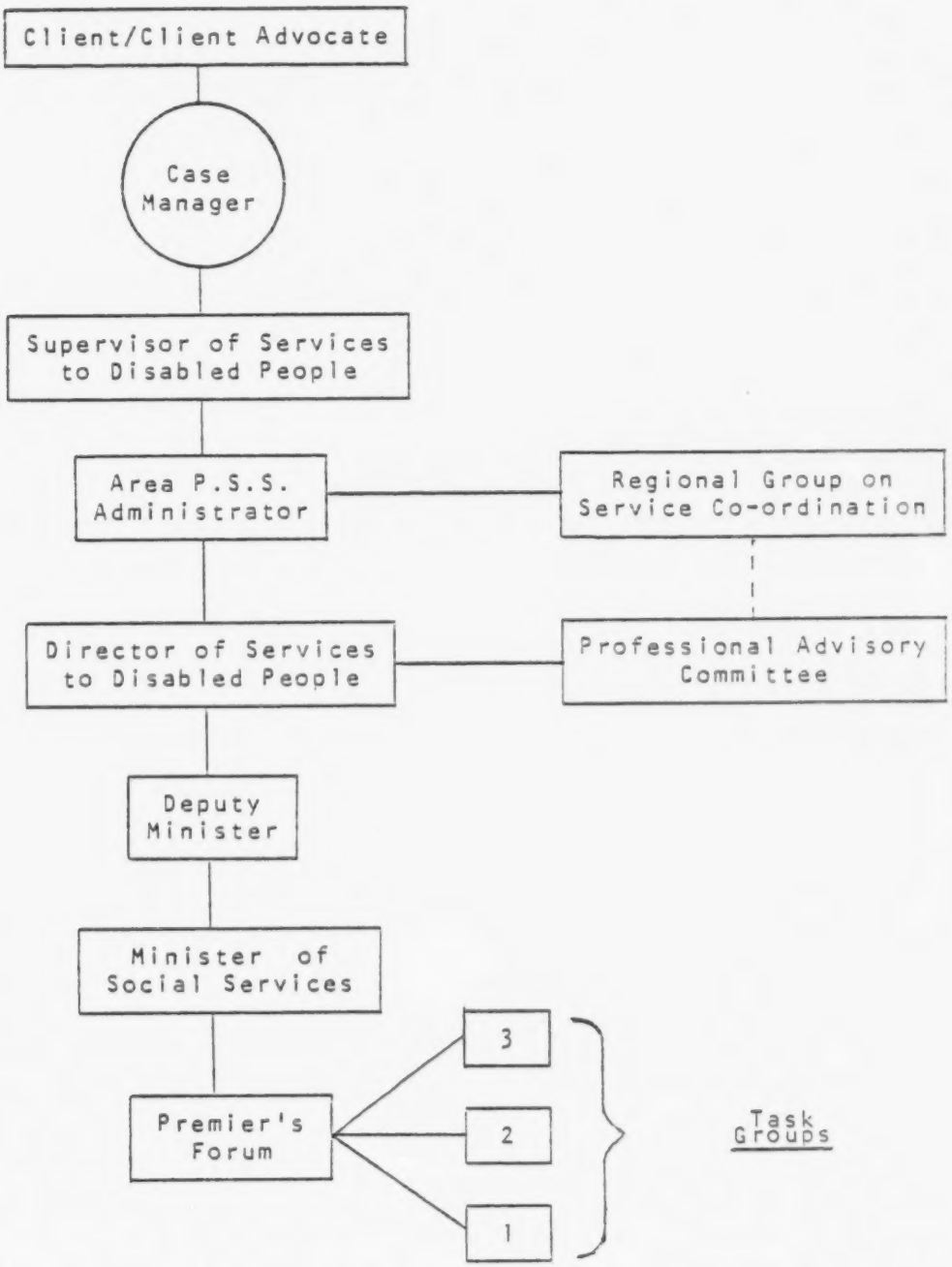
5) *establish Regional Advisory Groups in the Social Services areas of the Province; and*

6) *appoint a supervisor of services for the disabled in each Social Services area office and identify the required number of case managers and assign them to the provision of direct services for disabled people.*

See Appendices for the description of the roles and responsibilities of the various components of the service system:

-- Premier's Forum (Appendix XIII)
-- Professional Advisory Committee (Appendis XIV)
-- Regional Advisory Groups (Appendix XV)
-- Case Manager (Appendix XVI)

MODEL FOR A SERVICE DELIVERY SYSTEM



PART V

FINANCIAL IMPLICATIONS

PART V

FINANCIAL IMPLICATIONS

Determining the costs of implementing a service delivery system with all that it entails, such as estimating the cost of streamlining existing services, training service personnel, and accommodating the delivery mechanism of the Department of Social Services to function as co-ordinator for the system is beyond the scope of this Report.

However, some of the broad financial implications of a co-ordinated service delivery system can be determined at this stage.

The Planning Advisory Committee began its study with the clear realization that in the present economic situation, limited resources would be available for developmental purposes.

The service system that is recommended in this Report is designed to be implemented in phases. The initial phase should result in better utilization of available resources. In the process of eliminating unnecessary duplication and co-ordinating existing services, some present resources can be re-allocated to areas requiring development. In addition to making better use of available resources, re-allocation will give impetus to the implementation of the system until such time as new monies are available for more extensive service development. There are many dollars spent in maintaining the disabled in institutions, a shift of all or part of this allocation to less restrictive placement resources would give a considerable impetus to the development of the community services.

It should be stressed that as the system is phased in, some present services must be adapted to meet the needs of disabled people and other services appropriate to their needs must be developed. The system will also require that some service staff be retrained and that very careful recruitment of new staff be carried out.

Summary

Good services are not necessarily more costly. The emphasis must be on optimum utilization of resources with services properly developed or adapted according to the needs of the disabled population.

PART VI

PRIORITIES IN THE IMPLEMENTATION OF A COMPREHENSIVE SERVICE DELIVERY SYSTEM

PART VI

PRIORITIES IN THE IMPLEMENTATION OF A COMPREHENSIVE SERVICE DELIVERY SYSTEM

The implementation of the service delivery system described in the previous section requires a long-range plan which must include:

1) The establishment of a fixed point of responsibility for services to disabled people.

2) The development of a responsibility matrix; i.e., the formation of a network of responsibility points throughout the service system.

3) The co-ordination of existing services.

4) The development of new services appropriate to the identified needs of the disabled population.

5) The provision or re-allocation of appropriate resources.

These five areas of activity represent the broad thrusts which form the implementation plan and extend over several years. However, a number of important policy decisions related to the implementation must be made in the initial phases of the plan if a comprehensive service delivery system that meets the goals outlined in this Report is to be successfully implemented in the Province. The following are considered to be priorities in the implementation plan.

1. Participation of the Voluntary Sector

Endorse the participation of the voluntary sector.

Recognition of the importance of the role of the voluntary sector is essential. It must be seen as a full partner with government in carrying out the recommendations of this Report.

A recommendation in the previous part regarding advisory committees is one means of acknowledging the important role of the voluntary sector. The membership of these advisory committees operating at both the provincial and regional levels would

be drawn from the public, private and voluntary sectors and would have sufficient authority and responsibility to participate in major decisions affecting services for disabled people. Their functions would include planning, priority setting, developing implementation strategies, reviewing major decisions, and evaluating program quality.

The existing Planning Advisory Committee, which represents a co-operative partnership of the public, private and voluntary sectors, could continue to function as a committee acting as an interim vehicle to pursue the implementation of this Report until the Professional Advisory Committee is appointed.

2. Service Providers

Clarify and emphasize the role of present service providers in the implementation of an integrated service system.

As stressed throughout this Report, the various service providers who are presently providing services are vital links in the planned network of services. The onus is on each of these service providers to examine their role in the proposed system, bearing in mind that a successful systemization of service delivery is dependent upon their continued participation in service provision and delivery and upon their experience and expertise in their specialized service areas.

3. Staffing/Training

Encourage increased training for staff and volunteers.

Community colleges, universities, service providers and other appropriate resources can be utilized in addressing the need for more highly trained personnel in the service field. Training programs should be available at the local level to ensure the adequate preparation of staff and volunteers.

In addition to technical areas, training programs and staff recruitment programs should take into consideration

the importance of personal suitability. The personal suitability of the field staff and volunteers is of particular concern to client advocates regardless of the service system they represent. Suitability relates to attitudes and competence, as well as formal qualifications.

4. Case Co-ordination

Develop case co-ordination or case management for disabled people in each region.*

In the delivery system described in the previous section, case managers are the local link in the system. Their role is to link the individual disabled person to any one or more services in the range of services available and to ensure that the individual is able to utilize those services.

The case manager plays a supportive role, following the individual through the service continuum and his progress toward independence.

5. Information System

Establish an information system for the collection of data pertaining to disabilities with proper controls for confidentiality.

As indicated in the section "Disabled People in New Brunswick", accurate and current information on the disabled population is essential for planning with respect to the development of services and the operation of an effective service delivery system.

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* For a description of case management, see Appendix XVI.

6. Pilot/Demonstration Projects

Establish one or more pilot/demonstration projects in the Province to test the proposed service delivery model before full implementation.

It is important that the delivery system which is implemented be put into operation across the Province. However, a pilot/demonstration project would provide a good opportunity to assess several aspects of the system, particularly the fixed point of responsibility for the co-ordination of service delivery, prior to full implementation. There are a number of benefits in implementing the service system in this manner. It would make it possible to:

1) identify and find solutions to difficult problems on a smaller scale;

2) determine appropriate staff development needs;

3) provide information that could assist in establishing a suitable phase-in process for services; and

4) create less financial pressure on a short-term basis.

7. Legal Base

Establish a legal base for the delivery system.

An established legal base would give formal or legislative status to the delivery system which would help to integrate the service delivery system for the disabled with the existing, wider service system and the Department of Social Services' delivery system.

The legal base should include provisions for a fixed point of responsibility for the services for disabled people. Its provisions should embody the philosophy which will guide the service system, the first tenet of that philosophy being that each individual member of society has a right to the services that are provided to society as a whole.

Summary

To implement a comprehensive community service system for disabled people:

-- the participation of relevant groups should be ensured through clearly established responsibilities and lines of communication with all service providers;

-- the quality of service should be promoted through better case co-ordination, appropriate staff training and the development of an adequate information system;

-- the system could be tested in pilot/demonstration projects; and

-- a legislative mandate should be provided to ensure formal status and continuity to the system.

RECOMMENDATION

That the priorities outlined in this section be pursued in order to facilitate the implementation of the service system.

APPENDIX I

DEFINITIONS

Community Based

.... that services be available in the locality, or as close to it as possible, in which the disabled citizen lives, to the fullest extent possible.

Comprehensive

.... the availability of a wide range of services to meet needs of persons with disabilities of all ages, all degrees of disability, and of all socio-economic backgrounds, such services being available when and where needed by the individual and his/her family.

Disabled/Handicapped

.... a deviation in body or functioning that results in functional inadequacy in view of environmental demands (Smith and Neisworth, 1975). In assessing whether or not a person requires help, the following points should be considered:

(a) Independence - the individual's ability to sustain a customarily effective independent existence in relation to dependence on aids and appliances, environmental modifications or adaptations, or the assistance of others in various activities of daily living.

(b) Mobility - the individual's ability to move about effectively in his environment, augmented where appropriate by protheses or other physical aids, including a wheelchair, but without assistance from other persons.

(c) Occupation - the individual's ability to follow an occupation or carry out physical activities such as play or recreation that are customary to his or her sex, age and culture.

(d) Social Integration - the individual's ability to participate in and maintain customary social relationships and activities.

Incidence

.... is the rate of occurrence of new cases of a defined type in a particular population during a particular time interval. Studies of incidence are most useful for establishing the causes (etiology) of a disorder.

Normalization

.... that every person regardless of age or disability should, as a minimum standard, have the opportunity to live as normal a way of life in as normal a setting as possible using means which are as normal as possible.

Prevalence

.... is a measure of the frequency of a condition present in a population at a particular time; the time of onset is ignored.

Studies of prevalence are most relevant to the planning for the provision of services for those with the disorder.

Private/Voluntary

.... these terms are used interchangeably and mean non-governmental.

APPENDIX II

NORMALIZATION

"Normalization means ... A normal rhythm of the day.
You get out of bed in the morning, even if you are
Profoundly retarded and physically handicapped;
You get dressed,
And leave the house for school or work,
You don't stay home;
In the morning you anticipate events,
In the evening you think back on what you have accomplished;
The day is not a monotonous 24 hours with every minute endless.

You eat at normal times of the day and in a normal fashion;
Not just with a spoon, unless you are an infant;
Not in bed, but at a table;
Not early in the afternoon for the convenience of the staff.

Normalization means ... A normal rhythm of the week.
You live on one place,
Go to work in another,
And participation in leisure activities in yet another.
You anticipate leisure activities on weekends,
And look forward to getting back to school
Or work on Monday.

Normalization ... A normal rhythm of the year.
A vacation to break routines of the year.
Seasonal changes bring with them a variety
Of types of food, work, cultural events, sports,
Leisure activities.
Just think ... We thrive on these seasonal changes!

Normalization means ... Normal developmental experiences
Of the life cycle:
In childhood, children, but not adults go to summer camps.
In adolescence one is interested in grooming, hairstyles,
Music, boy friends and girl friends.
In adulthood, life is filled with work and responsibilities.
In old age, one has memories to look back on, and can
Enjoy the wisdom of experience.

Normalization means ... Having a range of choices,
Wishes, and desires respected and considered.
Adults have the freedom to decide
Where they would like to live,
What kind of job they would like to have, and can best perform,
Whether they would prefer to go bowling with a group,
Instead of staying home to watch television.

Normalization means ... Living in a world made of two sexes.
Children and adults both develop relationships with
Members of the opposite sex.
Teenagers become interested in having
Boy friends and girl friends.
Adults may fall in love, and decide to marry.

Normalization means ... The right to normal economic standards.
All of us have basic financial privileges, and responsibilities,
Are able to take advantage of
Compensatory economic security means,
Such as child allowances, old age pension, and
Minimum wage regulations.
We should have money to decide how to spend,
On personal luxuries, or necessities.

Normalization means ... Living in normal housing
In a normal neighbourhood.
Not in a large facility with 20, 50 or 100 other people
Because you are retarded,
And not isolated from the rest of the community.
Normal locations and normal size homes will give residents
Better opportunities for successful integration
With their communities."

- Bengt Nirje

APPENDIX III

SPECIFIC DEFINITIONS OF DISABLED CATEGORIES AND PERCENTAGE OF REGIONAL POPULATION BY TYPE AND SEVERITY OF DISABILITY

DISABILITY -- MENTAL RETARDATION

	Level of Service Required	
Definition	Mild	Severe
An individual with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior.	Some services may be necessary above those required by the general population - especially related to education and employment.	A variety of specialized services may be required - ranging from frequent to total supervision and care.
Percentage of Population	2.6%	.4%
Estimated Numbers		
Moncton	4094	611
Saint John	4217	630
Fredericton	3704	553
Edmundston	1173	175
Campbellton	1060	158
Bathurst	3506	512
New Brunswick	17,676	2,641

DISABILITY -- PHYSICAL HANDICAP

	Level of Service Required	
Definition	Mild	Severe
An individual with significantly sub-average general physical functioning, existing concurrently with deficits in adaptive behaviour.	Some adaption in services may be required due to limited mobility - especially related to technical aids and access.	A wide range of technical aids and specialized services may be required, in addition, some people may require frequent to total supervision and care.
Percentage of Population	4%	3.1%
Estimated Numbers		
Moncton	6274	4863
Saint John	6463	5009
Fredericton	5076	4400
Edmundston	1797	1392
Campbellton	1625	1259
Bathurst	5253	4071
New Brunswick	27,090	20,995

Disabilities Included Within Mild Physical Handicaps

- diseases of the heart and circulation
- arthritis and rheumatic diseases
- epilipsy
- disbetes mellitus
- kidney disorders

DISABILITY -- VISUAL HANDICAP

	Level of Service Required	
Definition	Mild	Severe
An individual with significantly sub-average sensory functioning, existing concurrently with deficits in adaptive behavior.	May require some specialized services - especially relating to technical aids and education.	Less than 10% vision - thus a variety of specialized services may be required.
Percentage of Population	1.9%	.18%
Estimated Numbers		
Moncton	3075	282
Saint John	3167	291
Fredericton	2782	255
Edmundston	881	81
Campbellton	796	73
Bathurst	2574	236
New Brunswick	13,274	1,219

DISABILITY -- HEARING HANDICAP

	Level of Service Required	
Definition	Mild	Severe
An individual with significantly sub-average sensory functioning, existing concurrently with deficits in adaptive behaviour.	Hearing loss in both ears - may require some additional services - especially related to technical aids and education.	Complete loss of hearing - a variety of specialized services may be required.
Percentage of Population	6%	.20%
Estimated Numbers		
Moncton	9412	314
Saint John	9695	323
Fredericton	8515	284
Edmundston	2696	90
Campbellton	2437	81
Bathurst	7880	263
New Brunswick	40,635	1,335

DISABILITY -- MENTAL ILLNESS

	Level of Service Required	
Definition	Mild	Severe
An individual with significantly sub-average general functioning existing concurrently with deficits in adaptive behaviour.	Some services may be necessary above those required by the general population - especially related to counselling and employment.	A variety of specialized services may be required - ranging from frequent to total supervision and care.
Percentage of Population	2.5%	.23%
Estimated Numbers		
Moncton	3921	360
Saint John	4039	372
Fredericton	3548	326
Edmundston	1123	103
Campbellton	1015	93
Bathurst	3283	302
New Brunswick	16,931	1,558

SERVICE ORGANIZATIONS[a] BY REGION

APPENDIX IV

Organization	Head Office	No. of Branches	Mandate for Total Province	No. of Staff	I	II	III	IV	V	VI
Arthritis Society -N. B. Division	Fredericton	4	Yes	2	Moncton	Saint John		Edmundston		Miramichi
Canadian Assoc. for the Mentally Retarded	Moncton	33	Yes	2	Adamsville Buctouche Memramcook Moncton Richibucto Rogersville Sackville Shediac	St. Stephen Hampton Rothesay Saint John Sussex	Fredericton Keswick Minto Florenceville Oromocto Woodstock	Edmundston Grand Falls St. Francois	Campbellton Dalhousie	Bathurst Jacquet River Lameque Petit Rocher Shippegan Tracadie Neguac Newcastle Pointe Sapin
Canadian Cancer Society - N. B. Division	Saint John	N/A	Yes	7						
Canadian Diabetic Assoc. - N. B. Division	Sussex	8	Yes	Nil	Moncton	Saint John Sussex Charlotte Co.	Fredericton Woodstock Grand Lake			Bathurst
Canadian National Institute for the Blind	Fredericton	10	Yes	15	Moncton[a]	Saint John[a] St. Stephen Sussex	Fredericton[a] Woodstock	Edmundston[a]	Campbellton	Bathurst[a] Newcastle
Canadian Mental Health Assoc. -N.B. Division	Fredericton	12	Yes	6	Moncton[a] Buctouche St. Louis de Kent	Saint John[a] Sussex Norton St. Stephen	Fredericton[a]	Edmundston Grand Falls	Campbellton	Bathurst
Canadian Paraplegic Assoc.	Fredericton	N/A	Yes	3						
Canadian Rehabilitation Council for the Disabled - N.B. Branch Inc.	Fredericton	N/A	Yes	7						
Cerebral Palsy Foundation	Saint John	1	No	Nil		Saint John				
Family Enrichment & Counselling Services Inc.	Fredericton	3	No	13	Moncton[a]		Fredericton[a]			Chatham[a]

Organization	Head Office	No. of Branches	Mandate for Total Province	No. of Staff	I	II	III	IV	V	VI
Family Services	Saint John	1	No	9		Saint John*				
Multiple Sclerosis Society of Canada - Atlantic Division	Moncton	5	Yes	5	Moncton	Saint John	Fredericton Woodstock			Bathurst
N. B. Chapter of the Canadian Hemophilia Society	Woodstock	N/A	Yes	-						
N. B. Coordinating Council on Deafness	-	N/A	Yes	Nil						
N. B. Council on Recreation for the Disabled	Fredericton	4	Yes	2	Moncton	Saint John	Fredericton			Bathurst
N. B. Division of the Canadian Red Cross Society	Saint John	34	Yes	45	Moncton* Hillsborough Lakeville Sackville Shediac	Saint John* Sussex St. Stephen Fairvale Brookville/ Torryburn Norton Rothesay	Fredericton* Woodstock* Harvey Station Juniper Plaster Rock Coles Island Fredericton Jct	Edmundston* Green River	Campbellton* Dalhousie Kedgwick St. Quentin	Bathurst Newcastle* Chatham Paquetville Shippegan Tracadie* Miscou Is. Neguac Tabusintac
N. B. Heart Foundation	Saint John	45	Yes	5		(locations throughout the province)				
N. B. Kidney Foundation of Canada	Saint John	14	Yes	1	Moncton	Saint John Sussex St. Stephen	Fredericton Florenceville Tobique Woodstock	Edmundston Grand Falls	Campbellton	Bathurst Caraquet Miramichi
N. B. Lung Association	Fredericton	3	Yes	5	Moncton		Fredericton			Bathurst
Planned Parenthood N. B. Inc.	Fredericton	7	Yes	7	Sackville*	Saint John*	Florenceville Fredericton*	Edmundston	Kedgwick	Bathurst*
St. John Ambulance N.B. Prov. Council	Saint John	53	Yes	13		(locations throughout the province)				

Organization	Head Office	No. of Branches	Mandate for Total Province	No. of Staff	I	II	III	IV	V	VI
Victorian Order of Nurses - N. B. Inc.	Fredericton	10	No	62	Moncton* Sackville*	Saint John*	Fredericton* Woodstock* Oromocto*	Edmundston*	Campbellton*	Bathurst* Miramichi*
Department of Education	Fredericton	34	Yes	7,709 teachers)		(470 schools throughout the province)				
Public Health Services of the Dept. of Health	Fredericton	20	Yes	208	Moncton* Shediac* Richibucto*	Saint John* Sussex* St. Stephen* Grand Manan*	Perth* Fredericton* Boiestown* Chipman* Woodstock*	Edmundston* Grand Falls*	Campbellton* Kedgwick*	Bathurst* Tracadie* Chatham* Caraquet*
Mental Health Services of the Dept. of Health	Fredericton	11	Yes	145	Moncton* Ste. Anne de Kent*	Saint John*	Fredericton* Woodstock*	Edmundston* Grand Falls*	Campbellton*	Bathurst* Chatham* Caraquet*
Department of Social Services	Fredericton	19	Yes	537	Moncton* Richibucto* Dorchester*	Saint John* Sussex* St. Stephen*	Fredericton* Woodstock* Minto* Perth/Andover*	Edmundston* Grand Falls*	Campbellton* Kedgwick*	Bathurst* Newcastle* Caraquet* Tracadie* Shippegan*
Employment & Immigration Canada	Fredericton	21	Yes	-	Moncton* Richibucto* Sackville* Shediac* Buctouche*	Saint John* E. Saint John* Sussex* St. Stephen*	Fredericton* Minto*	Edmundston* Grand Falls*	Campbellton* Dalhousie* St. Quentin*	Bathurst* Caraquet* Tracadie* Chatham* Newcastle*
Sheltered Workshops	-	Approx. 19	No	-	Moncton* Buctouche* Shediac*	Saint John* St. Stephen* Renforth* Sussex*	Fredericton* Oromocto* Minto* Woodstock*	Edmundston* Grand Falls*	Dalhousie*	Petit Rocher* Neguac* Tracadie*
Workman's Compensation Board	Saint John	N/A	Yes	200		Saint John				

* Denotes offices with employed staff.

** The organizations listed have provided information for this study.

May, 1979

APPENDIX V

STAFF BY REGION

Regional Centres		Total Pop'n. 1976	Public Health Staff 1978-79	Mental Health Staff 1978-79	Social Services Staff 1978-79	Physicians 1978
	Head Office	-	22	11	24	-
1	Moncton	156,871	35	26	95	175*
2	Saint John	161,583	41	30	100	249
3	Fredericton	141,921	33	28	85	161
4	Edmundston	44,930	17	16	44	45
5	Campbellton	40,620	13	10	43	62
6	Bathurst	131,325	36	24	146	92*
		677,250	197**	145	537	784

* estimates only

** does not include staff in T.B. Control Program

APPENDIX VI

SELECTED REHABILITATION PERSONNEL IN NEW BRUNSWICK GENERAL AND REHABILITATION HOSPITALS**

MAY, 1978

The table below appeared in the Health Services Advisory Council Report on Rehabilitation Services for the Physically Disabled. The figures have been revised to represent the current situation.

	Actual Number	No. according to Recommended Ratio*	Actual Ratio to Population	Recommended Ratio to Population*
Physiatrist	3	6 - 12	1:228,000	1:100,000 - 50,000
Rheumatologist	2	6	1:340,000	1:120,000
Physiotherapist	54	90	1: 12,666	1: 7,500
Occupational Therapist	12	68	1: 52,615	1: 10,000
Speech Therapist	7	137	1: 97,714	1: 5,000

* The Recommended Ratio to Population figures presented here are those recommended in that report.

** This does not include personnel not working in hospitals.

Source: New Brunswick Department of Health, 1978, unpublished

APPENDIX VII

Contact Person _____

Address _____

Phone Number _____

Date _____

QUESTIONNAIRE

A. ADMINISTRATIVE

1. Name of Organization:

2. Location: Head Office Branches (use additional pages if necessary)

3. Geographical Area Served:

B. PROGRAMS

1. Objectives: Please give the stated objectives of your organization.

General statement:

Specific statements:

2. Eligibility Criteria: who is eligible to make use of the services you offer?

3. Fees: please provide information on any fee-for-service charges utilized.

4. Services: please list the services being offered by your organization, the specific target population for each service, and pertinent statistical information for each program in your past fiscal year

Services	Target Population	Statistical Information

5. Inappropriate services: Are you presently offering any services which in your view should not be offered by your organization? If so what are they and how do you think they should be provided?

6. Gaps: What do you consider to be the unmet needs that your organization would like to service? What services would you provide for each? Why are you not presently providing these services?

Unmet Needs	Services	Not Not Providing

C. SERVICES FOR THE DISABLED

1. How could services for disabled people in our province be improved?

2. How could services for disabled people in our province be better coordinated?

3. On the following page, would you give your view as to the adequacy of the listed services as they pertain to the disabled individuals with whom your organization is involved.

4. Please provide any other comments or suggestions you might have about this questionnaire or the project in general.

5. Please rate on a scale of 0 - 5 the services listed below as to their adequacy for the disabled individuals with whom your organization is involved; 0 being non-existent; 1 being minimal; 2 being fair; 3 being adequate; 4 being good and 5 being excellent.

Services	Target Population: Pre-School (up to 6 yrs.)	School age (up to 18 yrs.)	Adult (19 + yrs.)	Not Applicable
Public Awareness re: disability				
Information re: services				
Crises Intervention				
Genetic Services				
Advocacy				
Early Detection				
Diagnosis				
Evaluation				
Personal & Family Counselling				
Sexual Counselling				
Medical				
Aids & Equipment				
Physiotherapy				
Occupational Therapy				
Speech				
Hearing				
Dental				
Follow-up				

Services	Target Population: Pre-school (up to 6 yrs.)	School Age (up to 18 yrs.)	Adult (19 + yrs.)	Not Applicable
Protective and Socio-Legal				
Income Security				
Developmental				
Education				
Training				
Home Support				
Day Care				
Special Living Arrangements				
Acute Hospital Care				
Institutions				
Vocational Counselling				
Job Training				
Sheltered Employment				
Job Opportunities				
Leisure-Social				
Recreational				
Camping				
Transportation				
Staff Development				
Other				

APPENDIX VIII

RESPONSE TO QUESTIONNAIRE

A. Provincial Response to Questionnaire

Sent Out	36
Questionnaires Completed	19
Service Adequacy Respondents	16
Other Responses	7
No Answer	10

B. Responses to Question No. 3

3) Please rate on a scale of 1 - 5 the services listed below as to their adequacy for the disabled individuals with whom your organization is involved; 0 being non-existent; 1 being minimal; 2 being fair; 3 being adequate; 4 being good; and 5 being excellent.

Services	Target Population: Pre-school (up to 6 yrs.)	School age (6 to 18 yrs.)	Adult (19+ yrs.)	Average
Public Awareness re: disability	1.6	1.7	2.2	1.8
Information re: services	1.5	2.0	1.7	1.7
Crises Intervention	2.3	2.2	1.9	2.1
Genetic Services	0.8	1.0	0.8	0.9
Advocacy	2.3	2.2	2.3	2.3
Early Detection	2.6	2.3	2.2	2.3
Diagnosis	2.6	2.6	2.5	2.6
Evaluation	2.7	2.6	2.4	2.5
Personal & Family Counselling	2.1	2.2	2.1	2.1
Sexual Counselling	0.4	1.0	0.9	0.9
Medical	2.4	1.9	2.2	2.2
Aids & Equipment	2.1	2.4	2.6	2.4
Physiotherapy	2.0	1.7	1.4	1.7
Occupational Therapy	1.6	1.8	1.8	1.8
Speech	1.0	1.0	1.0	1.0
Hearing	1.4	1.3	1.4	1.4
Dental	1.0	1.4	1.8	1.4
Follow-up	2.3	2.5	2.3	2.4
Protective and Socio-Legal	1.6	1.6	1.4	1.5
Income Security	1.4	1.5	1.7	1.5
Developmental	1.5	1.9	1.6	1.7
Education	1.9	2.1	1.8	1.9
Training	1.8	2.3	1.8	2.0
Home Support	1.9	1.6	1.7	1.7
Day Care	0.8	0.7	0.5	0.7
Special Living Arrangements	2.0	1.9	2.0	1.9
Acute Hospital Care	1.6	1.9	2.3	1.9
Institutions	1.0	1.2	2.3	1.5
Vocational Counselling	N/A	1.9	1.5	1.7
Job Training	N/A	1.3	1.5	1.4
Sheltered Employment	N/A	1.1	1.5	1.3
Job Opportunities	N/A	1.1	1.4	1.3
Leisure-Social	1.1	1.8	1.5	1.5
Recreational	1.0	1.7	1.2	1.3
Camping	1.1	2.3	1.1	1.5
Transportation	1.4	1.8	1.4	1.5
Staff Development	1.7	2.3	2.2	2.1
Average	1.7	1.9	1.8	1.8

C. Service Adequacy Profile

The services listed on page four of the questionnaire are grouped below according to the areas of service need identified in Appendix XII with the average rating for each service need area presented.

Service Type	Pre-school	School Age	Adult	Average
Prevention	1.6	1.7	1.7	1.7
Identification & Assessment	2.6	2.5	2.4	2.5
Treatment & Medical Rehab.	1.6	1.5	1.6	1.6
Family Support Services	1.6	1.7	1.6	1.6
Assistive Devices	2.1	2.4	2.6	2.4
Residential	1.5	1.7	2.2	1.8
Education	1.7	2.1	1.7	1.9
Vocational-Employment	N/A	1.8	2.0	1.9
Transportation	1.4	1.8	1.4	1.5
Income Security	1.4	1.5	1.7	1.5
Protective-Legal	1.6	1.6	1.4	1.5
Leisure & Recreation	1.1	1.9	1.3	1.4
Average	1.7	1.9	1.8	1.8

0 - Non-Existent
1 - Minimal
2 - Fair
3 - Adequate
4 - Good
5 - Excellent

APPENDIX IX

PUBLIC WORKSHOP PARTICIPANTS

MONCTON
March 1

Barb Kovacs
Irene LeBlanc
Eugene Aucoin
Mrs. Camille Doucet
Kathy Wood
John Bout
Dollard Bourgeois
Wayne Dunston
Rita MacNeill
Michelle Roy
Madeleine Maillet
Jeannine Bernard
Kenneth Akerley
Marion Gallant
Marilyn Boswell
Bruno Theriault
Alida Clement
Geralyn MacFarlane
Mr. & Mrs. Robert LeBlanc

SAINT JOHN
March 19

Monica Green
Alphonsus Kerr
Marion Rickard
Gordon Dalzell
Judy Buchanan
Carol Baker
Wallace Walsh
Clarence F. Dickson
Betty Tompkins
Elizabeth Matheson
Anna G. Boyle
Michael Poirier
Mechael Albert
Gertrude Aarela
Lucile Campbell
Cathy Gould
Geraldine Tingley
Nancy Williamson
L. David O'Neill
Lloyd Ring
Irene Belliveau
Theresa Griffin
Brian Mills
David Reid
Alfred Malley
Edna Parkin
Kenneth Church
Gary Choulnard
Don Shea
Ken Griffin

FREDERICTON
March 20

Shirley Phillippe
Dawne Fraser
Fred Edney
A. R. Gorman
Nemo Gorman
Laurie Menzie
Larry Kindress
Carol Hoyt
Linda Boone
Nancy MacDonald
LeRoy McGinn
June Hooper
John Youss
E.R. MacDonald
Judy Walsh
Susan Richards
Thelma MacMillan
Jack Astles
Mary Ann McCorry
Guy Woodland
Joe Curry
Ann Passmore
Flora Dell
Alan Beardall
Val Gilby
J.P. Lavole
Kay Ackerson
Garcia Mersereau
Margaret Pollock
Clifford Kennedy
Roy J. Brideau
Bev Hallam

CAMPBELLTON
March 13

Andre Fortin
Jeannette LeClerc
Rene Chamberlaine
Jean Paul Bourgoin
Berthe Doucet
Raymonde Berube
Madeleine Thibodeau
Therese Roy
Sharon Beryman
Laurent Foucher
Corinthe Daigle
Aline Babin
Julie-Anne Dugas
Paul Caissie
Jacques. J. Allard
William Black
Nancy Savoy
Alphonsine Chaisson
Marilyn Cooling
Laurette LeBlanc
Leo-Paul LeBlanc
Jean Whalen
Monique Barton
Heather Benwell
Marina Tonner
Elizabeth Murray
Catherine Murray
Andrea Kingston
William Cooling
Joyce Pettigrew
Marilyn Harrison
Anne Marie Tingley
Doris Button
Joyce MacKenzie
Mona Fraser
Claudette Redstone
Marguerite LeBlanc
Dr. Raymond Boulay

EDMUNDSTON
March 12

Lise Chaine
Gerald Cyr
Raymond Martin
Guildar Michaud
Bertrand Ouellet
Geraldine Pelletier
Lomer LeBlanc
Jean Michaud
Aldeo Langlais
Reginald Plourde
Mona Steeves
Lucie Gagnon
Annette St. Onge
Rita St. Onge
Philippe Michaud
Judy Theriault
Anne Bouchard
Priscilla Gagnon
Rosella Dube
Romaine Ouellette
Lionel Proulx
Gilles LeBlanc
Sr. Rose Deschaines
Sr. Cecile Belanger
Jacinthe Pelletier
Mme Georges LeBel
Cecile Langis
Edwina Lynch
Adrienne Levesque
Maria Cyr
Helen Landry
Antoinette Guay
Celene LeBlanc
Bernadette Nadeau
Reginald Levasseur
Louis Philippe
Naledia Pelletier
Lynda Hammond

BATHURST
March 14

Lilianne Cool
Thomas Chamberlaine
Tony Boudreau
Aline St.-Laurent
Odette Roy
Olivia Bastarache
Florent Hache
Aldeo Losier
Lucie Raiche
Delphis Saulnier
Leona Lavigne
Anne Marie Gammon
Linda McDonnell
Aurele Parker
Carmelle Godin
Arthur Roy
Dianne Chamberlaine
Diane Sepericer
Dorena Valentine
Doris Alexander
Mireille Chaisson
Joyce Winterbourne
Elsie Baldwin
John Bullin
Clarence Bastarache

NEGUAC
March 15

Odette Vautour
Eva LeBreton
Norma Mallais
Madame Peter
Mrs. Hilda Rouselle
Angelie Savole
Antoinette Robichaud
Jeanne Cormier
Wilfred Pelletier
Anita Kenny
Rose May Breau
Connie Allain
Allard Doiron
Doris Vautour
Patrice Robichaud
Marcelin Rouselle
Jean-Jacques Losier
Yvette Robichaud
Veronique Pelletier
Pierrette Frigault
Alice Brideau
Allan Sonier
R. Marie Arseneau
Roger W. Blanchard
Mme Odette Allain
Rosemond Leger
Mme. Adrienne Richard
Mme. Meriza Theriault
Mme. Eva Sonier
Aquila Breau
Saturnin Caissie
Olivier Sonier
Lydia Rousselle
Andrea Savole
Aline Robichaud
Noela Basque
Jeannette Losier
J. Roger Breau

PUBLIC WORKSHOP PARTICIPANTS

MONCTON March 1	SAINT JOHN March 19	FREDERICTON March 20	CAMPBELLTON March 13	EDMUNDSTON March 12	BATHURST March 14	NEGUAC March 15
			Mrs. Donald Gregan	Lorraine Ringuette		Stanislas Robichaud
			Shelley MacPhee	Claude Lord		Jean Guy Cormier
			Shelia Browne	Albert Gabourie		Mme. Lina Rousselle
			Jacqueline Kingston	Maire Cyr		Mme Lorraine Mazerolle
			Rosario Blacquiere	Gerald Fournier		Mlle Aline Mallet
			Almeatha Ross	Juliette Emand		Gerald Theriault
			Rollande Langlois	Madeleine Theriault		Leona Breau
				Roland Lang		Anne Marie Breau
				Evelyne LeBel		Alyre Savoie
				Donald Deschenes		Thelma Sonier
				Jacques Bard		Carmel Herbert
				Marcel Guay		Exavier Legere
				Garcia Jullen		Rheal Legere
				Sr. Alfreda Desjardins		Raymonde Savoie
				Particia Plourde		Zoel Allain
				Mr. Rene Bosse		Roland Mallais
				Mme Reno Bosse		Solange Hache
				Simonne Bosse		Therese Robichaud
				Claudette Bosse		Mabel Comeau
				John Anderson		Raynald Robichaud
				Bert Theriault		Betty Robichaud
				Luc St. Laurent		Yvon LeGresley
				Gratia Demers		
				Paul Arsenault		
				Mgr. Fernand Lacroix		
				Annette Plourde		
				Mme Leon Dionne		
				Jeannine Cyr		
				Paul Langlais		
				Sharon Egan		
				Lou Page		
				Allan Thibeault		
				Jocelyn Ouellet		
				Normand Clavette		
				Pat Lang		
				Jeannine Arseneau		

APPENDIX X

FEEDBACK FROM THE PUBLIC WORKSHOPS ON COMMUNITY SERVICES FOR THE DISABLED

Identified Categories of Need

-- Public Education and Information

-- Access - Physical Accessibility
- Transportation
- Community Resources
- Appropriate Language

-- Individual Self-Development

-- Basic Services

-- Family Support Services

-- Residential

-- Vocational and Employment

-- Recreation and Leisure

-- Financial Assistance

FEEDBACK FROM PUBLIC EDUCATION WORKSHOPS

Location	Identified Categories of Need	Recommendations
Moncton - March 1, 1979	1) Public Education & Information	- to organize local awareness days in order for the general public to experience what it is like to be disabled. - for government to provide financial assistance to groups, co-ordinators and disseminating information to the disabled.
	2) Family Support Services	
	3) Access - Physical Accessibility - Transportation - Community Resources - Appropriate Language	- to establish a by-law to ensure that buildings, sidewalks, and traffic lights are adapted to meet the needs of people with visual and physical disabilities.
	4) Basic Services	- to develop a system whereby there are competent people in the right places at the right time doing the right thing.
	5) Vocational & Employment	- to develop a placement service for people with disabilities.
	6) Recreation & Leisure	- to develop a drop-in center, for mentally handicapped people, with specific activities and programs.
	7) Financial Assistance	
	8) Individual Self-Development	

Location	Identified Categories of Need	Recommendations
Edmundston - March 12, 1979	1) Public Education & Information	- to ensure the continuance of the Planning Advisory Committee. - to organize awareness projects in conjunction with the International Year of the Disabled.
	2) Family Support Services	
	3) Access - Physical Accessibility - Transportation - Community Resources - Appropriate Language	
	4) Basic Services	- to ensure that there is a fixed point of responsibility regarding services for people with disabilities. - to develop regional committees to ensure the coordination of services, and to avoid duplication of services.
	5) Vocational & Employment	- to encourage service club members to assist in the employment of disabled people. - to have a guaranteed percentage of jobs available to people with disabilities. - to offer financial incentives for potential employers. - to develop legislation to protect people from being exploited in the work force.
	6) Residential	- to develop legislation to protect people in foster homes from being exploited.
	7) Leisure & Recreation	
	8) Financial Assistance	

Location	Identified Categories of Need	Recommendations
Edmundston - March 12, 1979	9) Individual Self-Development	- to offer life skills courses in order for disabled people to form organizations and become responsible for their needs.
Campbellton - March 13, 1979	1) Public Education & Information	
	2) Family Support Services	
	3) Access - Physical Accessibility - Transportation - Community Resources	
	4) Basic Services	- to develop a system whereby the needs of people with disabilities can be met.
	5) Vocational & Employment	- to ensure that a specific percentage of jobs are available for people with disabilities.
	6) Residential	
	7) Recreation & Leisure	
	8) Financial Assistance	- for government to make funds available to develop services to meet the needs of people with disabilities.
	9) Individual Self-Development	- to develop legislation to ensure that all people with disabilities have equal rights.
Bathurst - March 14, 1979	1) Public Education & Information	
	2) Family Support Services	

Location	Identified Categories of Need	Recommendations
Bathurst - March 14, 1979	3) Access - Physical Accessibility - Transportation - Community Resources - Appropriate Language	
	4) Basic Services	- to construct a community diagnostic center in the Bathurst Region - to co-ordinate the educational, medical and recreational services in the Bathurst area and to make them accessible to the public - to develop public services to fill existing gaps.
	5) Residential	
	6) Vocational & Employment	
	7) Recreation & Leisure	
	8) Financial Assistance	- to develop legislation re social assistance to ensure that people are not penalized for earning extra money. - that a person with a visual disability be considered as a single person - irregardless of their marital status - in order to receive a disability pension.
	9) Individual Self-Development	- to develop an understandable accessible system that is concerned with meeting the complete needs of the disabled individual - physical, emotional and social.

Location	Identified Categories of Need	Recommendations
Neguac - March 15, 1979	1) Public Education & Information	- to establish an information center of available services for people with disabilities. - to identify the disabled population.
	2) Family Support Services	
	3) Access - Physical Accessibility - Transportation - Community Resources	
	4) Basic Services	- to ensure better and more personalized services from government departments. - to establish a point of responsibility to co-ordinate services. - to ensure that people not receiving social assistance have equal access to available support services.
	5) Vocational & Employment	
	6) Residential	
	7) Recreation & Leisure	
	8) Financial Assistance	
	9) Individual Self-Development	

Location	Identified Categories of Need	Recommendations
Saint John - March 19, 1979	1) Public Education & Information	- to have a phone number to call for assistance/ information
	2) Family Support Services	
	3) Access - Physical Accessibility - Transportation - Community Resources	
	4) Basic Services	- to develop an organizational structure to facilitate the delivery of services for all people with disabilities - to develop a co-ordinating agency responsible for bringing together all services. - to establish a group to push for legislation - with direct involvement of people with disabilities.
	5) Vocational & Employment	- to employ visually handicapped adults as teacher's aids.
	6) Residential	
	7) Recreation & Leisure	
	8) Financial Assistance	- to increase all disability pensions by 10%. - to ensure that disabled people who are employed receive the same support services as people who receive social assistance.
	9) Individual Self-Development	

Location	Identified Categories of Need	Recommendations
Fredericton - March 20, 1979	1) Public Education & Information	- to develop a catalogue of available services and resources
	2) Family Support Services	
	3) Access - Phsyical Accessibility - Transportation - Community Resources	- to establish and legislate a provincial accessibility by-law.
	4) Basic Services	- to establish a focal point for services for people with disabilities with a balance of government/ agency input. - to establish separate physical rehabilitation centers for children and adults.
	5) Vocation & Employment	
	6) Residential	
	7) Recreation & Leisure	
	8) Financial Assistance	- to remove the mean's test for eligibility for social assistance.
	9) Individual Self-Development	

APPENDIX XI

LEGISLATION AFFECTING DISABLED PEOPLE

Auxiliary Classes Act

Blind Persons Allowance Act

Blind Workmen's Compensation Act

Education of the Aurally or Visually Persons Act

Health Act

Hospital Schools Act

Hospital Services Act

Hospital Services Advisory Council Act

Infirm Persons Act

Jordan Memorial Sanitorium Act

Medical Services Payment Act

Mental Health Act

Mentally Retarded Children's Act

The Miramichi Auxiliary Home Act

Public Hospitals Act

Social Welfare Act

White Cane Act

Workmen's Compensation Act

Special Care Homes Act

Human Rights Act

APPENDIX XII

OVERVIEW OF EXISTING SERVICES

In the following overview of existing services for the disabled, the community service needs of the disabled population are discussed in terms of the services available to meet those needs. The service needs which are identified are those of the disabled population in general as distinct from individuals with special needs related to a specific disability.

The two main sources of information for services and service needs were the questionnaire shown in Appendix VII and the public meetings held in March 1979. Additional information was obtained through briefs, letters and other submissions from the disabled people themselves, their advocates, and service providers, as well as through presentations and personal contacts with those concerned with disabled people in this province. Previous provincial and national studies on services for disabled people were also consulted for comparative information on services and service needs.

PREVENTION

The main focus of services for disabled people has been on treatment, acute care and medical rehabilitation. Considering that "hundreds of Canadians each year still suffer disabling injuries, illnesses and birth defects that might have been prevented" (The Hit & Miss Affair, p. 112), there is a need to focus more attention on measures to prevent disabling conditions.

Preventive measures which should be available include:

(1) informational and educational programs on proper prenatal and infant care and nutrition, potentially disabling illnesses, and traffic, home and industrial accidents;

(2) medical examination and screening of expectant mothers and infants at birth with appropriate treatment for diseases or conditions which might cause disabilities;

(3) proper delivery and post-natal care;

(4) immunization against disabling-related diseases; and

(5) family planning and genetic counselling for parents who are particularly susceptible to producing disabled offspring to adequately plan for their families.

Public information and education programs are carried out by individual associations for the disabled and by some government departments. However, the scope of these programs is often narrow. The focus is generally on a specific disability and the program carried out in relative isolation from other information programs.

Medical examination and screening of expectant mothers and newborns for disabling-related conditions and diseases, as well as delivery and natal care, are provided by physicians and hospital services. According to available sources of information, these services are being performed adequately in the larger centres in the Province. However, the limited number of physicians and specialists in the less populated areas has made it more difficult to ensure that quality medical services are available in these areas.

An immunization program presently exists in the Province which provides protection against many disabling-related diseases and conditions. Carried out by community health nurses and physicians, the program is estimated to provide immunization for 85% of all children in the Province.

The major sources of family planning information, education and counselling, are available through the seven branches of Planned Parenthood New Brunswick Inc. as well as through physicians and community nurses. The services of a geneticist are available in Halifax and Montreal upon referral from a physician.

At the present time, there is no stated policy on the provision of family planning or genetic services in the Province. The specific family planning services available in the Province vary considerably from area to area. Investigations carried out in this study indicate the need for improved genetic services in the Province.

RECOMMENDATIONS:

Those service providers offering informational and educational programs in the Province aimed at the prevention of disabling conditions should co-ordinate their efforts and identify gaps and duplications in their individual approaches.

Efforts should be made to increase the availability of medical specialists qualified to deal with disabling-related diseases and conditions in the rural areas of the Province.

A general policy should be developed which ensures the availability of family planning and genetic services to everyone in the Province.

IDENTIFICATION AND ASSESSMENT

Disabling conditions and potentially disabling conditions and diseases have frequently gone unidentified until long after the first signs or symptoms have manifested themselves. In many situations, active treatment and remedial measures can be taken to prevent or alleviate the severity of the condition if instituted at an early stage.

Most newborns receive regular examinations by a physician during their first year. Public Health and V.O.N. nurses make post-natal home visits to babies who are considered to be potentially at risk. Many pre-school children receive regular health status examinations either through their physicians or Child Health Conferences.

A pre-school screening program operated by the Departments of Health and Education attempts to assess every child's readiness for school in the winter or spring prior to school entrance. If any children are missed at this time they are seen at the beginning of the school year. The assessment involves a health status and developmental evaluation to detect any problems which need to be remedied prior to school entrance. This program has improved in recent years, reaching an increasing number of the target population each year.

These child-oriented services are an important means of early identification, treatment and/or referral of problems for further assessments. However, not all parents take advantage of such services. Consequently, in many instances, disabling-related conditions and diseases are not identified early enough for treatment or intervention to have an optimum effect.

Disabled people, their families and advocates who were contacted during this study expressed grave concern that in too many situations disabling conditions were not detected or were not properly identified during contacts with service providers, particularly physicians. It appears that service providers are not always well enough aware of early signs and symptoms of disabling-related conditions.

Several workshops and seminars have recently been held in the Province to help providers become more knowledgeable about various aspects of specific disabling conditions.

The Junior Rehabilitation Program operated through the Department of Health offers specialized clinics, drugs and orthopaedic appliances for disabled children up to the age of 17. The clinics include Pediatric, Orthopaedic, Cerebral Palsy, Pediatric Neurology and Cardiology and are staffed by specialists. The clinics are an effective means of bringing consultation, assessment and treatment services to people in areas where such services are not readily available. However, at the present time, the clinics, except for the pediatric clinics, are held only in Saint John, Moncton, Edmundston or Fredericton.

RECOMMENDATION

Developmental examinations should be instituted for all children at least twice prior to the pre-school screening followed by regular medical examinations throughout life as a means of detecting problems as early as possible.

Efforts should be taken to encourage all parents to use the pre-school screening program.

Seminars, workshops and courses should continue to be developed and held to upgrade service providers' knowledge about early signs, symptoms, and treatment methods for disabling conditions.

Orthopaedic, Cerebral Palsy, Pediatric Neurology and Cardiology clinics for children should be expanded to serve those areas of the Province which presently do not have, but require, such services.

TREATMENT AND MEDICAL REHABILITATION

When in spite of preventive and early detection efforts disabling conditions do occur, treatment and medical rehabilitation services are needed to eliminate the disabling conditions when possible or to alleviate the extent of such conditions as much as possible.

The first source of treatment of disabling-related conditions is frequently the community physician. More intensive treatment and medical rehabilitation services are provided in hospitals and rehabilitation centres. The Health Services Advisory Council in its Report on Rehabilitation Services for the Physically Disabled has dealt extensively with medical rehabilitation services in the Province. In deference to the thoroughness of that report, no details on existing services are included here and the reader is asked to refer to that report for an accurate account of the present situation.

The recommendations in the report which relate to community services have received wide public support and have also been endorsed for the purposes of this study.

RECOMMENDATION

The following measures should be taken to improve services related to treatment and medical rehabilitation:

(a) *the coordination of medical rehabilitation services;*

(b) *an increase in rehabilitation manpower;*

(c) *an upgrading of existing rehabilitation manpower;*

(d) *improved diagnostic and treatment services for children;*

(e) *improvement in many aspects of community rehabilitation services; and*

(f) *a better coordination of the medical rehabilitation services with community rehabilitation services.*

COMMUNITY SUPPORT SERVICES

During the active phase of the medical rehabilitation process and after it has been completed, disabled people, like other people in the community, require community services. Because of the nature of their disabling condition, many disabled people also require services which are specifically adapted to meet their special needs.

The remainder of this overview on existing services will focus on the services required to meet the rehabilitation and general community life needs of disabled people.

A. FAMILY SUPPORT SERVICES

Many disabled people who require only a minimal amount of personal assistance and nursing care are living at home, but with necessary health and social services not available, their situations deteriorate or at best, do not improve. Many others with similar needs are in nursing homes or in other supervised settings because the services they require are not available to them in their own homes.

A wide range of family support services are required to enable disabled people to function adequately in their own communities as well as to prevent them from having to be unnecessarily placed in institutions or other alternate care facilities. Such services include developmental programming, life skills training, home nursing, medical supplies, homemaking, nutrition counselling, meals, friendly visiting, day care, relief care, and counselling. Most of these services are presently available in some areas but none are universally accessible to the disabled population.

Developmental programs such as infant stimulation to help disabled children develop their potential are available in a few locations in the Province.

A Home Care Program operated by the Department of Health offers a range of health services for short term, acute care patients throughout 60% of the Province. Community-based Services for Seniors, a program operated by the Departments of Health and Social Services, offers a wide range of health and social services to those 65 and over in three locations in the Province. Both of these programs offer assistance to disabled people but only to those who meet the eligibility criteria and who are living in the geographical areas of the Province in which these programs are located.

Individual home nursing is provided through Public Health Services and the Victorian Order of Nurses. The former is available throughout the Province on a short-term basis while the latter is available in ten urban centres of the Province.

Homemaking services are available in many communities, usually through the Red Cross Society but at a cost to the individual unless covered by Social Assistance or an insurance plan.

Counselling is also available through many existing government and voluntary services but with a few exceptions the people providing the counselling have had little training or experience in dealing with the problems of disabled people and their families. This often results in a lack of appreciation of the magnitude and variety of problems experienced by disabled people and their families, and hence a hesitancy on their part to seek out counselling when it is required.

RECOMMENDATION

A wide range of necessary health and social services should be made available in the community to disabled people across the Province who require them.

Existing counselling personnel should take appropriate training to increase their knowledge and expertise about disabling conditions so that they will be able to provide suitable counselling for disabled people and their families in the areas of family, sexual and financial problems and other aspects of adjusting to a disability.

B. ASSISTIVE SERVICES

Assistive devices are needed by disabled people to compensate for a loss of function which can result from many disabling conditions. These devices enable disabled people to be mobile, to communicate and to function generally as members of their community. Such devices include wheelchairs, artificial limbs, braces, hearing aids and so on.

Private companies and the Workman's Compensation Board are the main source of supplies and services. Some voluntary agencies, particularly the Canadian Rehabilitation Council for the Disabled and the Canadian Red Cross Society loan assistive devices to disabled people. Most other voluntary associations involved in either loaning or paying for required devices do so mainly for their own client group.

Medicare presently pays for the prescription and initial fitting of selected assistive devices. Social assistance and many insurance plans cover the cost of purchasing needed devices although most insurance plans do not pay for repair and maintenance. The Vocational Rehabilitation of Disabled Persons Program covers most of the costs related to assistive devices if the devices will help the disabled person to gain employment. Both the Home Care Program and Community-based Services for Seniors also provide some assistive devices to their clients.

Despite the number of programs providing assistive devices, restricted eligibility criteria and the fragmentary nature of the programs means that many disabled people cannot obtain needed assistive devices.

RECOMMENDATION

The costs of essential assistive devices, as well as of their maintenance, repair and replacement, should be included as an Insured Service of the Medicare Program to ensure that all disabled people have access to them.

C. RESIDENTIAL SERVICES

Specialized residential services and facilities can provide a range of options for disabled people, from specially adapted independent living facilities to closely supervised care, depending upon individual need. Our studies indicate that frequently the disabled people in the Province do not have this choice.

Many disabled people in the Province are living in private accommodations, either in their own homes or those of a relative, which have not been physically adapted for them. They lack mobility both within the home and when going into or out of their residence. Low interest loans to make necessary renovations are available through the New Brunswick Housing Corporation but only if the disabled person qualifies on a means test.

Subsidized housing is available to low income people in many areas of the Province. However, most of it is either not adapted to meet the needs of disabled people or is built specifically for senior citizens.

A number of disabled adults are living with parents or in nursing homes because of the lack of adequate independent living situations which are suitable to their needs.

There are also a number of disabled people who are living in foster homes and special care homes which often provide them with little more than bed and board. These homes are frequently located in rural areas far from other services and facilities with little or no provision made for social or recreational activities. Few other residential options are available in the Province for disabled people who require facilities and services which lie in between the extremes of independent living and institutions.

The survey and public meetings indicate that often disabled people who are not capable of living independently must stay in institutions when they require only a minimal amount of personal assistance and/or supervision.

On the other hand, it was also found that many young physically disabled adults living in nursing homes who require extensive nursing care are in inappropriate facilities. In such settings they become demoralized because they are living in situations designed for the elderly and they lack the company of their peer groups.

RECOMMENDATIONS

Measures should be taken by those responsible for planning and developing residential services for disabled people to ensure that a range of options is available to to the disabled individual that will enable him or her to live in the most normalized and least restricted environment that will accommodate his or her disability. Some of these measures should include the following:

(1) Low interest loans should be available to all disabled people regardless of income level to make the necessary renovations to their places of residence.

(2) Municipal planning bodies and others concerned with the regulation of housing standards should ensure that an adequate number of socially designed units, including subsidized units, are provided in urban areas and that care is taken to integrate them with regular housing.

(3) Standards in foster homes and special care homes should be upgraded to ensure that social and recreational programs are available to the residents and that the operators and staff of these homes have an adequate level of training and experience.

(4) Group homes and halfway houses should be more readily available to help disabled people to bridge the gap between institutional care and independent living.

(5) Supervised apartments and small nursing care facilities should be available for the young physically disabled adult to enable him or her to live in an environment suited to his or her lifestyle and to the degree of care required.

D. EDUCATION

Appropriate opportunities for education must be made available for disabled citizens in order for them to share in community life. The educational system should provide access to regular classroom programs with adequate specialized support where required. In those situations where it becomes necessary for a disabled person to be educated outside the regular classroom situation this should occur within or as close to the home community as possible. For a disabled person who must be educated outside his home community every effort should be made to provide a continual and strong connection with the home.

The White Paper on Opportunities for the Handicapped, tabled in the Legislature in 1974, states that "it is the intention of the government to ensure that every handicapped child receive appropriate educational experiences". (Page 6).

The Minister of Education has a legislative mandate to provide free school privileges to children between the ages of 6 and 21 years who are not provided for by either the Atlantic Provinces Special Education Authority (deaf and/or blind children to 21 years of age) or the Auxiliary Classes Act (moderately and severely mentally retarded 3 - 21 years.)

Private kindergarten and other pre-school programs are available in various locations across the Province which do accommodate some disabled children. There are also a few day care centres which accept some disabled pre-schoolers.

For the less severely disabled children of school age integration into the regular classroom is the usual practice. The more severely disabled a child is, the further the educational program available to him is from the general classroom situation.

There are special class facilities for most disabled children who are unable to be integrated into the regular classroom situation. Special classes for moderately mentally retarded or cerebral palsied children are available throughout the Province. Services for visually impaired and hearing handicapped children are located in a number of centres in the Province. These programs are operated by School Districts, the Atlantic Provinces Special Education Authority, and by C.A.M.R. Branches.

Problems occur in the availability of educational opportunities for the more severely handicapped child. In rural areas or in areas where services are not provided there is little provision for in-home tutoring for severely handicapped children who require such a service. Severely blind and deaf children are educated in the Resource Centres at Halifax or Amherst or in the Province of Quebec.

RECOMMENDATIONS

Appropriate educational opportunities should be available for disabled pre-school children to allow for early intervention with any educational problems their disabilities might create.

The Department of Education should provide integrated educational opportunities for all disabled children who can benefit from them.

Those children who require special class facilities should be educated within or as close to the home community as possible.

Specialized services such as in-home tutoring and teachers' aides should be made more readily available for those disabled children who cannot take advantage of the regular classroom setting.

E. VOCATIONAL/EMPLOYMENT SERVICES

Services should be available to help disabled people overcome any barriers to employment caused by or as a result of their disabling conditions. Such services should include preparation for employment such as vocational counselling and assessment, specialized job training, as well as both sheltered and open employment opportunities.

There are two basic systems operating in the Province which are specifically oriented to prepare disabled people for the work force. The Workmen's Compensation Board (WCB) deals with workers disabled on the job and the Vocational Rehabilitation of Disabled Persons Program (VRDP) deals with those people who are disabled from non-employment-related causes.

Both programs offer directly or pay for the costs of services which enable disabled people to enter the work force. Each program is providing a good service in helping disabled people prepare for employment. However, access to these programs is limited. To be eligible for W.C.B. services the disabling injury must have occurred on the job. Eligibility for the VRDP program in this Province is not open to the mentally retarded nor to children under the the age of 17, the aged, or adults who are unlikely to return to the work force, including housewives. Also, under the VRDP program there is no allowance for benefits to be phased out gradually upon employment being secured. Gradual reduction of benefits would help the newly employed disabled person to handle the extra costs related to being a member of the work force.

Employment and Immigration Canada offers a range of employment-related services for the general population as well as for the disabled population. Services which are of particular benefit to disabled people are the Industrial Training Program and the Outreach Program. The former provides financial support for employment-related training as well as for actual on-the-job training. The latter provides funding on a project basis to assist specific groups of people (including disabled people) to prepare for and find employment.

There are presently a number of sheltered workshops for disabled people in the Province. As well, there are a few private sheltered employment situations scattered throughout the Province.

Although these existing sheltered employment situations are meeting some very basic needs, their development in the Province has been such that, (i) they operate in relative isolation from each other both in types of activities and numbers and quality of staff; (ii) they are not readily accessible in all areas of the Province; (iii) they do not offer the range of sheltered employment services required, particularly in the areas of fulfilling employment needs and training for open employment; and (iv) there is no legislative base to ensure on-going funding.

The greatest frustration expressed by disabled people on the topic of employment concerns the attitude and general lack of understanding of the capabilities and the employment potential of disabled people by the general public and particularly employers. Such attitudes and ignorance in both the private and public sectors frequently do not allow disabled people to demonstrate their skills on the job market.

In examining the open employment situation for disabled people it must be remembered that to a large extent the employment situation for the general population greatly affects the employment situation for disabled people. Consequently, in difficult economic times like these when jobs are becoming increasingly difficult to find for the general population, the situation worsens for disabled job hunters.

RECOMMENDATIONS

Employment-related training opportunities should be made available for all disabled people regardless of cause, type of disability or age with provision for disabled housewives to be included.

Measures should be taken to ensure that sheltered employment opportunities are available to those people who require such services; that they operate under certain program standards; that the range of required services is available; that there is adequate linkage with the work force; and that adequate on-going funding is available.

Those concerned with the employment of disabled people should make efforts to inform and educate employers in both the public and private sectors about the employment potential and capabilities of disabled people.

F. TRANSPORTATION

To enable disabled people to obtain the services they need as well as to enable them to participate in community life in general, suitable transportation services must be available. Such services should range from specially adapted individual transportation to a reasonably priced efficient transportation system.

The following quotation was used to describe transportation problems nationally but it is an appropriate description of the present situation in New Brunswick:

> "The vast majority of public transportation is totally inaccessible to people in wheelchairs and virtually inaccessible to those with severe mobility problems. Others, including both partially disabled people and the elderly, have serious difficulty using public transport because of such problems as high steps into bus stops, absence of bus shelters, and other practical disadvantages." (Hit and Miss Affair, p. 422)

An overview of transportation for disabled people in New Brunswick reveals that:

(1) public transportation systems in the Province except for airplanes are not accessible to people who use wheelchairs or people with severe mobility problems;

(2) Vans are available for disabled people in the more populated areas of the Province, some of which are adapted for specific disabilities;

(3) volunteers provide transportation for many disabled people in the Province;

(4) the Department of Education provides funding for the payment of special transportation needs of disabled students;

(5) for employment-related circumstances, financing is available to enable disabled people to have their private automobiles specially adapted for their use; and

(6) there is a rebate of federal sales tax on gasoline used in private automobiles by the physically disabled.

More than one national study has recommended that all public transportation systems be adapted for use for all disabled people. However, considering the relatively poor state of the

transportation system in most localities in the Province and the present economic situation, it is doubtful that the adaption of existing urban public transportation would be economically feasible. Nevertheless, improvements in existing transportation services for the disabled people will go a long way toward giving normalized mobility to the disabled people of the Province.

RECOMMENDATION

Inter-city transportation such as buses, trains and airplanes should be specially adapted for people in wheelchairs and those with other severe mobility problems.

Alternate urban transportation suitable for disabled people should operate parallel to existing public transportation. Specifically, taxi or other private transportation companies or voluntary groups should be encouraged through special grants to provide suitable transportation for disabled people.

The availability of specialized vans for disabled people should be increased. In areas which have limited or no public transportation, volunteer transportation should be arranged through the combined efforts of the voluntary groups in these areas.

Financial assistance should be available to allow all disabled people to make adaptions to private vehicles which are required to make them suitable for use.

The Provincial Government should remove the sales tax on gasoline and on the purchase of automobiles by disabled people.

All specialized transportation for disabled people should be available at a cost to them that is no more than the cost of public transportation.

G. INCOME SECURITY

Adequate finances should be available to ensure that disabled people have the financial security necessary to meet their basic needs as members of society and to cover the extra costs related to their disabling conditions.

This should provide for the needs of disabled people until they enter or return to the work force and are able to support themselves as well as for those who are unable to become self-supporting.

There are numerous programs in operation in the Province which provide some sort of financial support for disabled people. The Hit & Miss Affair identifies the following ten different financial support programs:

Short Term Sickness Benefit, i.e. Unemployment Insurance and sick leave

Disabled Persons & Blind Persons Allowances

Canada Pension Plan

Private Pension Plans (Short and Long Term Disability)

Veterans Disability Pensions

Motor Vehicle Accident Compensation

Workman's Compensation

Compensation for Criminal Injuries

Social Assistance

The scope of the present study does not allow for an in-depth analysis of the various types of programs. However, it has been found that each of these programs differ markedly, particularly with regard to eligibility requirements and amount of benefits provided. The Workman's Compensation Plan and the Veterans Disability Pens;ions are the highest paying plans while some of the others do not provide an amount adequate to ensure economic security.

The Disabled Persons and Blind Persons Allowances and the Social Assistance benefits are provided through the Department of Social Services in this province. These programs ensure that at least a minimum level of financial assistance is available for those disabled people who are declared eligible for such assistance. However, these programs are residual in that they can be utilized only when disabled people receive inadequate financial support from other programs. People receivng benefits from these programs are also restricted as to the amount of money they can earn before their benefits are affected which can take away the incentive to seek employment. This study and other studies (Hit and Miss Affair and CRCD 5-Year Plan) have found that it is frequently very difficult for disabled people to establish eligibility benefits for most income security programs; so difficult that some people who might qualify for such benefits are reluctant to carry through with the eligibility determination process.

Eligibility for many income security programs is based on financial status rather than on need for services. There is no recognition of the costs related to the disabling condition which is a particular problem for the "working poor". Another major concern is that the basic amounts available, even with the special supplements are not adequate to ensure many disabled people more than a meagre existence when combined with existing lack of or inadequacy of other services and opportunities, such as subsidized housing, transportation and employment.

RECOMMENDATIONS

There should be a central information source in the Province which would be responsible for informing and channelling disabled people through the various financial programs available to them.

The process for determining eligibility for disability income should be streamlined to remove unnecessary barriers.

The eligibility criteria for disability incomes should take into account any extraordinary costs related to the disability as well as income.

The present disability allowances as well as the social assistance rates for disabled people should be increased to an adequate level with provision for greater exemption for employment earnings and these allowances should be indexed to the cost of living.

H. PROTECTIVE-LEGAL SERVICES

Services should be available to protect disabled people from being exploited, to ensure them the required protection of their persons and property and to have special needs taken into account in all legal proceedings. At present, there is no assurance that disabled people will have their special needs taken into account during legal proceedings.

Various legislation in the Province affects the disabled. (See Appendix XI for a listing of this legislation). Some of this legislation deals specically with the disabled while some is broader and refers to the general public but also includes the disabled.

The legislation is administered by various government departments with the only interaction between them usually arising in relation to an individual case. No single person or department has been designated for determining whether

the numerous acts relating to the disabled complement or oppose each other or for ensuring that obvious gaps in legislation and service are overcome.

As a result, such anomalies as the following can occur. Under the Mental Health Act, administered by the Department of Health, when a physician finds a person to be mentally incompetent to manage his affairs, the person's financial affairs come under the protection of the Mental Health Act, according to procedures in that Act. However, the same person is afforded both personal care, i.e. medical care and supervision, and protection of his financial affairs if he is found by a Judge of the Supreme Court to be mentally incompetent according to different procedures under the Infirm Person's Act, administered by the Department of Justice. The two pieces of legislation, governed by different jurisdictions, require different and sometimes confusing procedures and appear to allow the same individual in the same situation to receive different treatment.

RECOMMENDATION

A designation of responsibility at a central point should be made to ensure that adequate legislation is available to provide disabled people with necessary protection and that existing legislation is complementary and consistent.

I. LEISURE AND RECREATION

Leisure and recreation services are frequently viewed as not very important in a rating of service priorities for the general population. However, for many disabled people, such services are often essential for their mental and physical well-being, providing almost the only opportunity they have to interact and socialize.

Services and facilities should be available to provide disabled people with the opportunity to participate in a wide range of leisure and recreational activities which include social, cultural and physical recreation experiences. Such services should be available for the homebound disabled person as well as for those people with disabilities who have the mobility to participate in community recreation activities.

There are a number of leisure and recreational facilities in the Province which are utilized by disabled people as well as the general population. However, many of these facilities are inaccessible to those in wheelchairs and with other severe mobility problems.

Many local organizations offer social activity programs for specific groups of disabled people. Some segregated recreational programs are offered by agencies and municipal governments. Camping programs are operated in the summer months with opportunity for most of the disability groups to participate. Many short term grant programs also offer leisure and recreational programs for people with disabilities. With the efforts of the New Brunswick Council on Recreation for the Disabled as well as many other groups and associations concerned with disabled people, there has been marked improvement over the past few years in the availability of recreational and leisure opportunities for the disabled peopled of this Province.

The following recommendations are intended to aid in the continued development of leisure and recreational opportunities for the disabled citizens of New Brunswick.

RECOMMENDATION

People with disabilities should have the same opportunity for choice in their leisure activities as the general population.

All public leisure and recreational facilities should be accessible to people with physical and visual impairments and private facilities such as restaurants, clubs, and theatres should be encouraged to cater to the total population.

OVERVIEW OF EXISTING SERVICES

SUMMARY OF RECOMMENDATIONS

PREVENTION

1. Those service providers offering informational and educational programs in the Province aimed at the prevention of disabling conditions should coordinate their efforts and identify gaps and duplications in their individual approaches.

2. Efforts should be made to increase the availability of medical specialists qualified to deal with disabling-related diseases and conditions in the rural areas of the Province.

3. A general policy should be developed which ensures the availability of family planning and genetic services to everyone in the Province.

IDENTIFICATION AND ASSESSMENT

4. Developmental examinations should be instituted for all children at least twice prior to the pre-school screening followed by regular medical examinations throughout life as a means of detecting problems as early as possible.

5. Efforts should be taken to encourage all parents to use the pre-school screening program.

6. Seminars, workshops and courses should continue to be developed and held to upgrade service providers' knowledge about early signs, symptoms and treatment methods for disabling conditions.

7. Orthopedic, Cerebral Palsy, Pediatric Neurology and Cardiology clinics for children should be expanded to serve those areas of the Province which presently do not have but require such services.

TREATMENT AND MEDICAL REHABILITATION

8. The following measures should be taken to improve services related to treatment and medical rehabilitation:

   (a) the co-ordination of medical rehabilitation services,

   (b) an increase in rehabilitation manpower,

   (c) an upgrading of existing rehabilitation manpower,

   (d) improved diagnostic and treatment services for children,

   (e) improvement in many aspects of community rehabilitation services, and

   (f) a better co-ordination of the medical rehabilitation services with community rehabilitation services.

COMMUNITY SUPPORT SERVICES

A. FAMILY SUPPORT SERVICES

9. A wide range of necessary health and social services should be made available in the community to disabled people across the Province who require them.

10. Existing counselling personnel should take appropriate training to increase their knowledge and expertise about disabling conditions so that they will be able to provide suitable counselling for disabled people and their families in the areas of family, sexual and financial problems and other aspects of adjusting to a disability.

B. ASSISTIVE DEVICES

11. The costs of essential assistive devices, as well as of their maintenance, repair and replacement, should be included as an Insured Service of the Medicare Program to ensure that all disabled people have access to them.

C. RESIDENTIAL SERVICES

12. Measures should be taken by those responsible for planning and developing residential services for disabled people to ensure that a range of options is available to the disabled individual that will enable him or her to live in the most normalized and least restricted environment that will accommodate his or her disability. Some of these measures should include the following:

(a) Low interst loans should be available to all disabled people regardless of income level to make the necessary renovations to their places of residence.

(b) Municipal planning bodies and others concerned with the regulation of housing standards should ensure that an adequate number of socially designed units, including subsidized units, are provided in urban areas and that care is taken to integrate them with regular housing.

(c) Standards in foster homes and special care homes should be upgraded to ensure that social and recreational programs are available to the residents and that the operators and staff of these homes have an adequate level of training and experience.

(d) Group homes and halfway houses should be more readily available to help disabled people to bridge the gap between institutional care and independent living.

(e) Supervised apartments and small nursing care facilities should be available for the young physically disabled adult to enable him or her to live in an environment suited to his or her lifestyle and to the degree of care required.

D. EDUCATION

13. Appropriate educational opportunities should be available for disabled pre-school children to allow for early intervention with any educational problems their disabilities might create.

14. The Department of Education should provide integrated educational opportunities for all disabled children who can benefit from them.

15. Those children who require special class facilities should be educated within or as close to the home community as possible.

16. Specialized services such as in-home tutoring and teachers' aides should be made more readily available for those disabled children who cannot take advantage of the regular classroom setting.

E. VOCATIONAL/EMPLOYMENT SERVICES

17. Employment-related training opportunities should be made available for all disabled people regardless of cause, type of disability or age with provision for disabled housewives to be included.

18. Measures should be taken to ensure that sheltered employment opportunities are available to those people who require such services; that they operate under certain program standards; that the range of required services is available; that there is adequate linkage with the work force; and that adequate on-going funding is available.

19. Those concerned with the employment of disabled people should take efforts to inform and educate employers in both the public and private sectors about the employment potential and capabilities of disabled people.

F. TRANSPORTATION

20. Inter-city transportation such as buses, trains and airplanes should be specially adapted for people in wheelchairs and those with other severe mobility problems.

21. Alternate urban transportation suitable for disabled people should operate parallel to existing public transportation. Specifically, taxi or other private transportation companies or voluntary groups should be encouraged through special grants to provide suitable transportation for disabled people.

22. The availability of specialized vans for disabled people should be increased. In areas which have limited or no public transportation, volunteer transportation should be arranged through combined efforts of the voluntary groups in these areas.

23. Financial assistance should be available to allow all disabled people to make adaptations to private vehicles which are required to make them suitable for use.

24. The Provincial Government should remove the sales tax on gasoline and on the purchase of automobiles by disabled people.

25. All specialized transportation for disabled people should be available at a cost to them that is no more than the cost of public transportation.

G. INCOME SECURITY

26. There should be a central information source in the Province which would be responsible for informing and channelling disabled people through the various financial programs available to them.

27. The process for determining eligibility for disability incomes should be streamlined to remove unnecessary barriers.

28. The eligibility criteria for disability incomes should take into account any extraordinary costs related to the disability as well as income.

29. The present disability allowances as well as the social assistance rates for disabled people should

be increased to an adequate level with provision for greater exemption for employment earnings and these allowances should be indexed to the cost of living.

H. PROTECTIVE-LEGAL SERVICES

30. A designation of responsibility at a central point should be made to ensure that adequate legislation is available to provide disabled people with the necessary protection and that existing legislation is complementary and consistent.

I. LEISURE AND RECREATION

31. People with disabilities should have the same opportunity for choice in their leisure activities as the general population.

32. All public leisure and recreational facilities should be accessible to people with physical and visual impairments and private facilities such as restaurants, clubs and theatres should be encouraged to cater to the total population.

APPENDIX XIII

PREMIER'S FORUM

The Premier would convene on an annual basis a Forum of those who have legislative authority, private commitment or are themselves disabled.

There would be two co-chairmen, one from the government sector and one from the private sector, one at least being bilingual. The chairmen would be selected by the appropriate private constituency and appointed by the Premier.

Representation

1) The Minister from each of the Social Development Ministries.

2) The Ministers responsible for economic development and distribution of provincial resources.

3) A Director of the Board of each of the private agencies represented on PAC (or replacement).

4) A Director of the Board of any community agency that would wish to join PAC.

5) A consumer appointed by each of the present or future PAC agencies.

6) Others to be selected by the Premier from time to time in order to give representation for cultural, social, ethnic, or disability reasons.

Functions

1) To bring together all spokesmen for services for the disabled.

2) To consider the policies affecting services for the disabled.

3) To consider recommendations from the Professional Advisory Committee on changes in policy which will resolve generally the difficulties in meeting the service requirements for the disabled.

4) To consider ways in which the integration of services for the disabled at the community level can be accomplished.

5) To consider ways to rectify gaps and unnecessary duplication of programs for the disabled.

6) To encourage the improvement of the quality of service for the disabled in New Brunswick.

7) To consider the priorizing of service development in order to recommend the allocation and utilization of available dollars.

8) To share information on program operations.

9) To identify specific areas of concern requiring a full measure of investigation leading to recommended action.

10) To recommend to the Premier the establishment of appropriate Task Groups which would carry out those activities identified in No. 9.

11) The Task Groups would be chaired by a person appointed by the Premier and would have membership selected appropriate for the specific area being addressed. There could be representatives from the various levels of government, service providers, as well as consumers.

12) To receive and consider for appropriate action the reports of the Task Groups.

13) To consider the experience of the Professional Advisory Committee, and to recommend the continuation, modification or termination of its activities.

NOTE: Social Development Committee:

Chairman	Minister of Health
Vice-Chairman	Minister of Education
	Minister of Supply & Services
	Minister of Social Services
	Minister of Youth, Recreation & Cultural Resources
	Minister of Labour & Manpower
	Minister responsible for the Housing Corporation
	Minister of Finance

Economic Development Committee:

Chairman	Minister of Commerce & Development
Vice-Chairman	Minister of Natural Resources
	Minister of Finance & Energy Policy
	Minister of Transportation
	Minister of Labour & Manpower
	Minister of Municipal Affairs
	Minister of Fisheries
	Minister of the Environment
	Minister of Tourism
	Minister of Agriculture & Rural Development
	Chairman of the Power Commission

APPENDIX XIV

PROFESSIONAL ADVISORY COMMITTEE

An interdisciplinary team of professional persons from the various Social Development Ministries and private organizations chaired by the Social Services Director of Services for the Disabled.

Composition

The Director of Services for the Disabled will be an employee of the Department of Social Services. This person will have broad responsibilities for carrying out the co-ordinating functions of the Department of Social Services regarding disabled people.

The Director will chair the Professional Advisory Committee, but will not have administrative authority over its membership. But rather, he will work to encourage greater co-ordination and co-operation in various programs for the disabled across the Province with both government and private sectors. The representatives on the Professional Advisory Committee will retain full operational responsibility for their programs for the disabled; however, all committee members share the responsibility for sustaining an effective co-ordinated system.

Co-ordinators of Services for the Disabled will be appointed by Health and Education Ministries, as well as other government agencies such as Recreation, Labour, Workmen's Compensation Board, Transportation, Housing, Human Rights, Justice and Community Colleges.

These co-ordinators would have, in addition to their responsibilities on the Professional Advisory Committee, parallel responsibilities for ensuring co-ordination and co-operation within their own services. The co-ordinators should report to a person at the Director's level or higher.

In addition to the co-ordinators from government agencies, the Executive Directors or similar senior persons from voluntary/private agencies, as well as representatives from Colleges, Universities and the Medical Association, would comprise the full membership of the Professional Advisory Committee.

Functions of the Professional Advisory Committee

1) To co-ordinate provincial planning for the delivery of services for disabled persons.

2) To co-ordinate the development of policy affecting services for the disabled.

3) To function as the point of reference for the cases of individuals whose service needs are not being met, recommendations being made to the concerned Ministries or service providers on how to resolve the difficulties being faced by these individuals.

4) To recommend to the various Ministries and service providers, to the Cabinet Committee on Social Development, or to the Premier's Forum, as appropriate, changes in policy which will resolve generally the difficulties demonstrated in individual cases.

5) To recommend to the concerned service providers or the Ministries on the Cabinet Committee on Social Development or the Premier's Forum ways in which the integration of services for the disabled at the community level can be improved.

6) To identify gaps and unnecessary duplication in programs and to recommend to individual service providers, to individual Ministries or the Cabinet Committee on Social Development or the Premier's Forum how these can be rectified.

7) To review legislation affecting services for the disabled and to recommend changes to individual Ministries and the Cabinet Committee on Social Development as appropriate.

8) To encourage the development and use of evaluative methods to measure the outcome and effectiveness of existing programs.

9) To make recommendations to the Cabinet Committee on Social Development regarding priorities for cutbacks, extensions and modifications in services (within the context of the global budget for services for disabled people).

10) To make recommendations to the Cabinet Committee on Social Development and private funding bodies regarding priorities for allocation and utilization of available research dollars.

11) To provide for the collection and analysis of data in a systematic fashion.

12) To compile and share information on program operations and consider the operation of the local Advisory Groups on Service Co-ordination.

13) To present quarterly progress reports through the Minister of Social Services to the Cabinet Committee on Social Development and an annual report to the Premier's Forum.

Term of Office

The effectiveness of the Professional Advisory Committee will be reviewed regularly by the Ministries and private organizations which have representatives on the Committee, and no less than bi-annually will its continuation be affirmed or terminated.

APPENDIX XV

REGIONAL ADVISORY GROUP ON SERVICE CO-ORDINATION

A group of professionals and consumers at the regional level concerned with the operation of services for the disabled, chaired by the Personal Social Services Administrator.

Representation

The Personal Social Services Administrator for each area will be responsible for the co-ordination of service delivery for handicapped persons at the local level. This person will report through the Director of Services for the Disabled and will have broad responsibilities for carrying out the functions as described.

The P.S.S. Administrator will establish and maintain the Regional Advisory Group. The Co-ordinator will not have administrative authority over the members of the group, but rather will work to encourage greater co-ordination and co-operation in programs for the disabled across the government and private sectors through discussion. The various groups represented will retain full responsibility for their individual operations.

Members of the group will be appointed by local public and private service providers and will have parallel responsibilities for ensuring co-ordination and co-operation within their own agencies. Such persons should report to the area Director or higher.

To represent the community and the consumer group, the area advisory group will determine how the selection can best be made for each area; i.e., going through local consumer organizations, churches, institutions, specialized community services, as well as professional associations.

Functions

1) To co-ordinate local delivery of services for the disabled population.

2) To function as the point of reference for cases of individuals whose service needs are not being met, recommendations being made to the Professional

Advisory Committee and concerned area agencies on how to resolve the difficulties being faced by these individuals.

3) To recommend to the concerned agencies and the Professional Advisory Committee on ways in which services for the disabled population can be improved at the community level.

4) To identify gaps and unnecessary duplication and determine how these can be rectified.

5) To encourage the improvement of quality of service at the local level.

6) To compile and share information on program operations.

Term of Office

The operation of the Regional Advisory Groups are to be reviewed quarterly by the Professional Advisory Committee. The chairman of the P.A. Committee will make the necessary modifications or changes in the operation of the advisory groups in consultation with the other members of the Committee.

APPENDIX XVI

CASE MANAGER

Role of Case Manager

Many functions carried out by a Case Manager are not unique -- they are a standard part of regular social work responsibility. These include diagnosing, contracting, referring and advocating. It is the combination of these functions performed at a highly skilled level, linked to a family-focused and holistic value base, that give unique impetus to case management.

Diagnosing, for example, would take in not only the client, but the client's family as well. Contracting involves setting out clearly stated and realistic goals that account for not only changes in the client, but changes in the client's environment, with specific services to be carried out by other agencies as needed. Referring means not only making a routine request for services from someone else, but also having a detailed knowledge of what that resource can offer in support of the case plan, and being assured that that service will be available. Advocating assures that the requisitioned services will indeed be provided in a complete and continuous fashion. The success of advocacy must not be left to goodwill between agencies, but be recognized by everyone involved that advocacy is an authoritative component of the Case Manager's responsibility.

An additional function of case management that is not normally a regular part of social work service is co-ordination. As a co-ordinator, the Case Manager initiates and chairs inter-agency conferences in order to implement the case plan, define the role and responsibilities of all workers involved, review the progress being made, modify the case plan as required, and ensure that a consistent, unified service is provided.

When there is a specialized service provider which is desirous of performing the case management function, such as CNIB and CPA, it would be appropriate to utilize such service and not unnecessarily duplicate the role in the service system. The co-ordinating role of the Social Services' staff person would dovetail and support the Case Manager from the specialized service area. In addition, this function may be modified somewhat when a client is placed in an institution. Since an institution is a world of interlocking disciplines and departments, some form of internal co-ordination and case management is required in order to assure smooth passage of the person through his treatment plan while in residency. The internal Case Manager would chair the institutional case conferences in which the community-based manager would be involved.

Advantages of Case Management

1) Accountability:

The worker remains at all times responsible to the client. This helps to ensure continuity of care.

2) Continuity:

The "one-worker" orientation allows for a plan which takes into account the total needs of the family.

3) Informal Evaluation:

There is a built-in check and balance of services and their provision through the participation of the various service providers in the co-ordinating groups.

4) Overview:

The worker is fully involved in the total treatment plan. He can see the whole perspective and is not left with a few, possibly unrelated, pieces of the puzzle. He can also make certain that the services provided are only those that are required, not more or less, as well as make certain that services are terminated when they are no longer required so that a client is not perpetually dependent on the service system.

APPENDIX XVII

PLANNING ADVISORY COMMITTEE

COMMUNITY SERVICES FOR THE DISABLED

- Canadian Association for the Mentally Retarded (N.B. Division)
- Canadian Mental Health Association (New Brunswick)
- Canadian Red Cross Society, N.B. Division
- Cerebral Palsy Foundation (Saint John) Incorporated
- Canadian Paraplegic Association Inc. (New Brunswick)
- N.B. Council on Recreation for the Disabled
- The Arthritis Society, N.B. Division
- Canadian Rehabilitation Council for the Disabled, N.B. Branch Inc.
- The Canadian National Institute for the Blind (Atlantic Division)
- Department of Health
- Department of Social Services
- Department of Education
- New Brunswick Heart Foundation
- Provincial Artisans
- The Canadian Diabetic Association, N.B. Division
- Saint John Ambulance, N.B. Provincial Command

APPENDIX XVIII

BIBLIOGRAPHY

Allen, Pricilla. A Consumer's View...of California's Mental Health Care System, July 1973.

Association du Québec pour les déficient mentaux. COMSERV, Services Communautaires Intégrés, Juin 1973

Atlantic Research Center for Mental Retardation, The. A Research Project to Determine the Patterns of Occurrence and Causation of Severe Mental Retardation in the Maritimes, 1978.

Becker and Bayer. Preparing Chronic Patients for Community Placements, July 1975.

Brown, Joan C. A Hit and Miss Affair. "Policies for Disabled People in Canada." Canadian Council on Social Development, 1977.

C.A.M.R., Parents, Members of. A Proposal Recommending the Establishment of a Regional System of Community Developmental Services for Mentally Retarded Citizens, November 1976.

C.M.H.A., New Brunswick Division. Report on the Provincial Conference on Mental Health, Novmeber 1976.

Canadian Rehabilitation Council for the Disabled. C.R.C.D. Five-Year Program Development Study, June 1976.

Chapman, William. Mental Health Services in New Brunswick--Volume I, 1975.

COMSERV Association of Southern Alberta. Mark I -- Newsletter, 1978-79.

Fédération Régionale des Associations SERVCOM. Projet Régional d'Expérimentation et de Démonstration de Services Communautaires Intégrés, Côte Nord, Québec, février 1976.

Gearheart, B. R. Education of the Exceptional Child, History, Present Practices, and Trends, 1972.

Health Services Advisory Council. Health Rehabilitation Manpower, July 1976.

Health Services Advisory Council. Regionalization of Health Services, April 1976.

Health Services Advisory Council. Rehabilitation Services for the Physically Disabled, November 1977

Heins and MacPherson. Foster Care for Chronic Psychiatric Patients, May 1975.

Kendall, D., Owens, E., MacLeod, G.E.M., & Pinet, Arthur. White Paper on Education, April 1974.

Leek, Robert. Guardianship and Human Rights for the Retarded Person, July 1977.

Llewelyn-Davies, Weeks, & Forestier. Studies of Health Facilities in the Province of New Brunswick (Summary), Walter & Bor, April 1970.

Manitoba Advisory Council on Recreation for the Handicapped, Inc. Profile of Handicapped Persons Resident Within the City of Winnipeg, May 1977.

McGuigan, Lorne J. Opportunities for the Handicapped, April 1974.

Mental Health Division. Summary of Statistics--1978, April 1978.

Mental Health Services. Results and Recommendations of the Foster Home Survey for the Province of New Brunswick, April 1979.

Moore, Terry. Survey of Disabled Population in New Brunswick, N.B. Council on Recreation for the Disabled, May 1978.

National Council of Welfare, Organizing for Social Action, April 1975.

National Institute on Mental Retardation. A Plan for Comprehensive Community Services for the Developmentally Handicapped, 1974.

New Brunswick Coordinating Council on Deafness. Questions and Answers on the Hearing Impaired, 1978.

Office on Mental Retardation. Mental Retardation Services in New Brunswick, Province of New Brunswick, April 1976.

Planning Committee for Health Region No. 7 and the Saskatchewan Association for the Mentally Retarded. Saskatchewan's Wheatlands Project for the Handicapped, August 1978.

Proposal for COMSERV in North Eastern New Brunswick, 1974.

Regional COMSERV System for the Halifax/Dartmouth/Halifax County Region. Discussion Paper, 1977.

Russell, Joan. Demonstration Project on Mental Retardation Services, January 1976.

Short, Richard, M.D. Planning Document, "Alberta Services for the Handicapped," 1978.

Short, Richard, M.D. Transferring Dollars from the Institutional Budget to Provide Community Services--A Feasible Placement Scheme.

Social Services, Department of. Community-based Services for Seniors, New Brunswick, September 1978.

Social Services, Department of. Miramichi Rehabilitation Center: A Working Document, October 1977.

Spivak, Mark. A Conceptual Framework for Structuring the Housing of Psychiatric Patients in the Community, 1974.